### Case 17-00619 Doc 1 Filed 01/09/17 Entered 01/09/17 21:54:09 Desc Main Document Page 1 of 62

| Fill in this information to identify                                   | your case:  |
|--|---|
| United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS |   |
| Case number (if known):  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

|    |   | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|--|---|
| 1. | Your full name  |  |   |
|    | Write the name that is on your government-issued picture identification (for example, | Yaroslav<br>First Name                         | First Name                                    |
|    | your driver's license or passport).   | Middle Name                                    | Middle Name                                   |
|    |   | Ohal   |   |
|    | Bring your picture identification to your meeting                                     | Last Name                                      | Last Name                                     |
|    | with the trustee.   | Suffix (Sr., Jr., II, III)                     | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |  |   |
|    | have used in the last 8 years   | First Name                                     | First Name                                    |
|    | Include your married or   | Middle Name                                    | Middle Name                                   |
|    | maiden names.   | Last Name                                      | Last Name                                     |
| 3. | Only the last 4 digits of   |  |   |
| ٠. | your Social Security  | xxx - xx - <u>1</u> <u>0</u> <u>7</u> <u>9</u> | xxx - xx                                      |
|    | number or federal<br>Individual Taxpayer  | OR   | OR  |
|    | Identification number   | 9xx - xx -                                     | 9xx - xx -                                    |

(ITIN)

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| Debtor 1 Yaroslav Ohal |  |   | Case number (if known)  |  |  |
|------------------------|--|---|---|--|--|
|                        |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
| 4.                     | Any business names and Employer                                      | ✓ I have not used any business names or EINs  | s.  |  |  |
|                        | Identification Numbers<br>(EIN) you have used in<br>the last 8 years | Business name   | Business name   |  |  |
|                        | Include trade names and  | Business name   | Business name   |  |  |
|                        | doing business as names  | Business name   | Business name   |  |  |
|                        |  | EIN   | EIN   |  |  |
|                        |  |   |   |  |  |
| 5.                     | Where you live   |   | If Debtor 2 lives at a different address:   |  |  |
|                        |  | 9756 Ivanhoe Avenue Number Street   | Number Street   |  |  |
|                        |  |   |   |  |  |
|                        |  | Schiller Park IL 60176  |   |  |  |
|                        |  | City State ZIP Code  Cook   | City State ZIP Code   |  |  |
|                        |  | County  | County  |  |  |
|                        |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. |  |  |
|                        |  | Number Street   | Number Street   |  |  |
|                        |  | P.O. Box  | P.O. Box  |  |  |
|                        |  | City State ZIP Code   | City State ZIP Code   |  |  |
| 6.                     | Why you are choosing   | Check one:  | Check one:  |  |  |
|                        | this district to file for<br>bankruptcy                              | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                              |  |  |
|                        |  | I have another reason. Explain. (See 28 U.S.C. § 1408.)   | I have another reason. Explain. (See 28 U.S.C. § 1408.)   |  |  |
| P                      | Part 2: Tell the Court   | About Your Bankruptcy Case  |   |  |  |
| 7.                     | The chapter of the Bankruptcy Code you                               | Check one: (For a brief description of each, see No for Bankruptcy (Form 2010)). Also, go to the top of   | otice Required by 11 U.S.C. § 342(b) for Individuals Filing page 1 and check the appropriate box.   |  |  |
|                        | are choosing to file<br>under  | ✓ Chapter 7   |   |  |  |
|                        |  | Chapter 11  |   |  |  |
|                        |  | Chapter 12  |   |  |  |
|                        |  | Chapter 13  |   |  |  |

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| Deb | otor 1 Yaroslav Ohal   |                        | Case number (if known)  |                                |  |   |  |
|-----|--|------------------------|---|--------------------------------|--|---|--|
| 8.  | How you will pay the fee   | cour<br>pay            | Il pay the entire fee when I file my petition of the form ore details about how you may pay. With cash, cashier's check, or money order alf, your attorney may pay with a credit care.  | Typica<br>r. If you            | lly, if you are pay<br>Ir attorney is sub                    | ring the fee yourself, you may mitting your payment on your |  |
|     |  |                        | ed to pay the fee in installments. If you oviduals to Pay Your Filing Fee in Installmen   |                                |  |   |  |
|     |  | By la<br>than<br>fee i | quest that my fee be waived (You may reaw, a judge may, but is not required to, wain 150% of the official poverty line that appliant in installments). If you choose this option, ag Fee Waived (Official Form 103B) and file | ve your<br>es to yo<br>you mu: | fee, and may do<br>our family size an<br>st fill out the App | so only if your income is less d you are unable to pay the  |  |
| 9.  | Have you filed for   | <b>☑</b> No            |   |                                |  |   |  |
|     | bankruptcy within the last 8 years?                                      | ☐ Yes.                 |   |                                |  |   |  |
|     | last o years.  | District _             |   | When                           | 1  | Case number   |  |
|     |  | District _             |   |                                |  | Case number   |  |
|     |  | District _             |   |                                |  | Case number   |  |
| 10. | Are any bankruptcy<br>cases pending or being<br>filed by a spouse who is | ✓ No<br>☐ Yes.         |   |                                | , 25,  |   |  |
|     | not filing this case with  | —<br>Debtor            |   |                                | Relationsh   | nip to you  |  |
|     | you, or by a business<br>partner, or by an                               | District               |   |                                |  | Case number,  |  |
|     | affiliate?   |                        |   | _                              | MM / DD / YYYY   |   |  |
|     |  | Debtor _               |   |                                | Relationsh   | nip to you  |  |
|     |  | District _             |   | _ When                         | MM / DD / YYYY   | Case number,  |  |
| 11. | Do you rent your residence?  | ✓ No.<br>☐ Yes.        | Go to line 12.  Has your landlord obtained an eviction j residence?   | udgmer                         |  |   |  |
|     |  |                        | <ul><li>No. Go to line 12.</li><li>Yes. Fill out Initial Statement About and file it with this bankruptcy petit</li></ul>   |                                | iction Judgment  | Against You (Form 101A)                                     |  |

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| Part 3: Yaroslav Ohal  Report About A |  | Yaroslav Ohal   | Case number (if known) |                           |  |   |   |                              |                                   |
|---------------------------------------|--|---|------------------------|---------------------------|--|---|---|------------------------------|-----------------------------------|
|                                       |  | Report About Ar   | y Bı                   | ısine                     | sses You Own as a  | Sole Proprietor                               | r   |                              |                                   |
| 12.                                   | -  | ı a sole proprietor<br>full- or part-time<br>ss?  | <u> </u>               |                           | Go to Part 4.<br>Name and location of bu   | siness  |   |                              |                                   |
|                                       | busines<br>individu<br>separate  | sole proprietorship is a siness you operate as an lividual, and is not a parate legal entity such as corporation, partnership, or |                        |                           | Name of business, if any  Number Street  |   |   |                              |                                   |
|                                       | If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.    |   | se a                   |                           | City  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101  Single Asset Real Estate (as defined in 11 U.S.C. § 1  Stockbroker (as defined in 11 U.S.C. § 101(53A))  Commodity Broker (as defined in 11 U.S.C. § 101(6))  None of the above |   | 1 U.S.C. § 101(27A))<br>n 11 U.S.C. § 101(51<br>§ 101(53A)) |                              |                                   |
| 13.                                   | Chapte<br>Bankru<br>are you  | ı filing under<br>r 11 of the<br>ptcy Code and<br>a <i>small busin</i> ess  | can<br>mos             | set ap<br>st rece         | filing under Chapter 11, the propriate deadlines. If you not balance sheet, statement these documents do not   | ou indicate that you<br>ent of operations, ca | are a small business<br>sh-flow statement, ar               | debtor, you<br>nd federal ir | must attach your ncome tax return |
|                                       | debtor?  | $\overline{\mathbf{V}}$   | No.                    | I am not filing under Cha | apter 11.  |   |   |                              |                                   |
|                                       | For a definition of small business debtor, see   |   |                        | No.                       | I am filing under Chapte the Bankruptcy Code.  | r 11, but I am NOT                            | a small business deb  | tor accordin                 | ng to the definition in           |
|                                       | 11 U.S.  | 11 U.S.C. § 101(51D).   |                        | Yes.                      | I am filing under Chapte Bankruptcy Code.  | r 11 and I am a sma                           | all business debtor ad                                      | cording to                   | the definition in the             |
| Pa                                    | art 4:   | Report If You Ov  | vn oı                  | r Hav                     | e Any Hazardous Pi   | roperty or Any                                | Property That No  | eds Imn                      | nediate Attention                 |
| 14.                                   | propert<br>alleged<br>immine   | own or have any y that poses or is to pose a threat of nt and identifiable  |                        | No<br>Yes.                | What is the hazard?  |   |   |                              |                                   |
|                                       | hazard to public health or<br>safety? Or do you own<br>any property that needs<br>immediate attention? |   |                        |                           | If immediate attention is  | needed, why is it n                           | eeded?  |                              |                                   |
|                                       | perisha<br>livestoc  | mple, do you own<br>ble goods, or<br>k that must be fed, or<br>ng that needs urgent   |                        |                           | Where is the property?   | Number Street                                 |   |                              |                                   |
|                                       |  |   |                        |                           | 7  | City  |   | State                        | ZIP Code                          |

Debtor 1 Yaroslav Ohal Case number (if known)

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

 Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am | not   | requi | red  | to r | eceiv | ∕e a  | briefing | about |
|------|-------|-------|------|------|-------|-------|----------|-------|
| cred | it co | unse  | ling | bed  | cause | e of: |          |       |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of:                 |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Debtor 1 Yaroslav Ohal |   | Yaroslav Ohal   |   |   |                    | C   | ase number (if I              | know   | n)   |
|------------------------|---|---|---|---|--------------------|---|-------------------------------|--------|--|
| Ρ                      | art 6:  | Answer These C  | Quest   | ons for Rep   | orting Purpo       | ses   |                               |        |  |
| 16.                    | What k<br>have?                                   | ind of debts do you   | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  ✓ Yes. Go to line 17. |   |                    |   |                               |        |  |
|                        |   |   | 16b.  | money for a l   |                    | tment or throug   | h the operation               | of the | debts that you incurred to obtain e business or investment.  |
| 17.                    | Are yo<br>Chapte                                  | u filing under<br>er 7?   |   | No. I am not  | t filing under Cha | pter 7. Go to lir   | ne 18.                        |        |  |
|                        | any exc<br>exclud<br>admini<br>are pai<br>availab | estimate that after<br>empt property is<br>ed and<br>strative expenses<br>d that funds will be<br>ble for distribution<br>ecured creditors? |   |   | trative expenses   | •   |                               | -      | xempt property is excluded and to distribute to unsecured creditors?   |
| 18.                    |   | any creditors do<br>timate that you   |   | 1-49<br>50-99<br>100-199<br>200-999                                   |                    | 1,000-5,000<br>5,001-10,000<br>10,001-25,00                       |                               |        | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19.                    |   | uch do you<br>te your assets to<br>th?  |   | \$0-\$50,000<br>\$50,001-\$100,<br>\$100,001-\$500<br>\$500,001-\$1 m | 0,000              | \$1,000,001-\$<br>\$10,000,001-<br>\$50,000,001-<br>\$100,000,001 | \$50 million<br>\$100 million |        | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20.                    |   | uch do you<br>te your liabilities to  |   | \$0-\$50,000<br>\$50,001-\$100,<br>\$100,001-\$500<br>\$500,001-\$1 m | 0,000              | \$1,000,001-\$<br>\$10,000,001-<br>\$50,000,001-<br>\$100,000,001 | \$50 million<br>\$100 million |        | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |

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| Debtor 1 | Yaroslav Ohal |  | Case number (if known)  |  |  |  |
|----------|---------------|--|---|--|--|--|
| Part 7:  | Sign Below    |  |   |  |  |  |
| For you  |               | I have examined this petition, and I decard and correct.   | clare under penalty of perjury that the information provided is true  |  |  |  |
|          |               | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |   |  |  |  |
|          |               | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |   |  |  |  |
|          |               | I request relief in accordance with the  | chapter of title 11, United States Code, specified in this petition.  |  |  |  |
|          |               | <b>G</b>   | , concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 years, 9, and 3571. |  |  |  |
|          |               | X /s/ Yaroslav Ohal  | X   |  |  |  |
|          |               | Yaroslav Ohal, Debtor 1  | Signature of Debtor 2   |  |  |  |
|          |               | Executed on 01/09/2017   | Executed on   |  |  |  |
|          |               | MM / DD / YYYY   | MM / DD / YYYY  |  |  |  |

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| Debtor 1  | Yaroslav Ohal |  | Case number (if know       | n)                           |  |  |  |
|---|---------------|--|----------------------------|------------------------------|--|--|--|
| For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page. |               | I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. |                            |                              |  |  |  |
|   |               | X /s/ Igor Gromov Signature of Attorney for Debtor   | Date                       | 01/09/2017<br>MM / DD / YYYY |  |  |  |
|   |               | Igor Gromov Printed name Gromov Law Offices Firm Name 1020 N. Milwaukee Ave., Ste. 101 Number Street   |                            |                              |  |  |  |
|   |               | Deerfield<br>City  |                            | 60015<br>ZIP Code            |  |  |  |
|   |               | Contact phone (847) 845-1779   | Email address <b>groml</b> | aw@gmail.com                 |  |  |  |
|   |               | 6282530<br>Bar number  | State                      | _                            |  |  |  |

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| Fill in this  | information to ider  | ntify your case and this filing:   | I   |
|---|--|--|---|
| Debtor 1  | Yaroslav<br>First Name   | Ohal Middle Name Last Name   |   |
| Debtor 2  | riist Naille   | Middle Name Last Name  |   |
|   | ing) First Name  | Middle Name Last Name  |   |
| United States   | Bankruptcy Court for the   | e: NORTHERN DISTRICT OF ILLINOIS   |   |
| Case number<br>(if known)   |  |  | Check if this is an amended filing  |
| Official Fo   | rm 106A/B  |  |   |
| Schedule  | A/B: Property  |  | 12/1  |
| Part 1:  1. Do you ov   | , both are equally respondent.  On the top of any  Describe Each Res | hink it fits best. Be as complete and accurate a possible for supplying correct information. If mo additional pages, write your name and case nutidence, Building, Land, or Other Real equitable interest in any residence, building, la | ore space is needed, attach a separate mber (if known). Answer every question.  Estate You Own or Have an Interest In   |
| 1.1.  9756 Ivanhoe Ave Street address, if available, or other description |  | What is the property? Check all that apply.  ☑ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative   | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:  Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own? |
| Schiller Park   | IL 6017  | <b>—</b>   | \$235,000.00 \$235,000.00   |
| Cook County   | State ZIP Co   | de   | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.   |
| County  |  | Who has an interest in the property?   | fee title   |
|   |  | Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth   | Check if this is community property (see instructions)  |
|   |  | Other information you wish to add abo property identification number:  | ut this item, such as local   |
|   |  | on you own for all of your entries from Part 1, in   |   |
| entries fo  | r pages you have attac   | hed for Part 1. Write that number here   | \$235,000.00  |
| Part 2:   | Describe Your Veh  | icles  |   |
| -   |  | quitable interest in any vehicles, whether they are bullease a vehicle, also report it on Schedule G: E  |   |
| 3. Cars, van  | s, trucks, tractors, spo   | rt utility vehicles, motorcycles   |   |
| ✓ No<br>☐ Yes   |  |  |   |

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| Deb | tor 1              | Yaroslav Ohal C   | ase number (if known)         |   |
|-----|--------------------|---|-------------------------------|---|
| 4.  | Exampl             | raft, aircraft, motor homes, ATVs and other recreational vehicles, other vees: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles,                      |                               |   |
|     | ✓ No               | 3   |                               |   |
| 5.  |                    | e dollar value of the portion you own for all of your entries from Part 2, income for pages you have attached for Part 2. Write that number here                                |                               | \$0.00  |
| P   | art 3:             | Describe Your Personal and Household Items  | _                             |   |
| Do  | you own            | or have any legal or equitable interest in any of the following items?  |                               | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6.  |                    | nold goods and furnishings<br>les: Major appliances, furniture, linens, china, kitchenware  |                               |   |
|     | □ No               |   |                               | <b>#4 000 00</b>  |
| -   |                    | s. Describe ordinary furniture and electronics  |                               | \$1,000.00  |
| 7.  |                    | es: Televisions and radios; audio, video, stereo, and digital equipment; comp<br>music collections; electronic devices including cell phones, cameras, med                      | •                             |   |
|     | ✓ No<br>☐ Yes      | s. Describe   |                               |   |
| 8.  |                    | ibles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, stamp, coin, or baseball card collections; other collections, memorabilia, or |                               |   |
|     | ✓ No<br>☐ Yes      | s. Describe   |                               |   |
| 9.  |                    | nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, poo canoes and kayaks; carpentry tools; musical instruments               | I tables, golf clubs, skis;   |   |
|     | ✓ No<br>☐ Yes      | s. Describe   |                               |   |
| 10. | Firearm<br>Exampl  | ns<br>les: Pistols, rifles, shotguns, ammunition, and related equipment   |                               |   |
|     | ✓ No<br>☐ Yes      | s. Describe   |                               |   |
| 11. | Clothes<br>Example | es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  |                               |   |
|     | ☐ No<br>✓ Yes      | s. Describe necessary clothing  |                               | \$500.00  |
| 12. | Jewelry<br>Exampl  | / // es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heir gold, silver  | rloom jewelry, watches, gems, |   |
|     | ✓ No<br>☐ Yes      | s. Describe   |                               |   |
| 13. |                    | rm animals<br>les: Dogs, cats, birds, horses  |                               |   |
|     | ✓ No<br>☐ Yes      | s. Describe   |                               |   |

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| Deb | tor 1            | Yaroslav Ohal  |                  | Case num   | nber (if known)    |  |
|-----|------------------|--|------------------|--|--------------------|--|
| 14. | did not  No  Yes | •  | ehold items yo   | u did not already list, including any health a   | ids you            |  |
| 15. |                  |  |                  | om Part 3, including any entries for pages yo  |                    | \$1,500.00   |
| Pa  | art 4:           | Describe Your Fi   | nancial Ass      | sets   | ·                  |  |
| Do  | ou own           | or have any legal or ec  | quitable intere  | st in any of the following?  |                    | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. |                  | es: Money you have in y petition   | our wallet, in y | our home, in a safe deposit box, and on hand w   | when you file your |  |
|     | ✓ No<br>☐ Yes    |  |                  | C  | Cash:              |  |
| 17. | -                |  |                  | al accounts; certificates of deposit; shares in cur institutions. If you have multiple accounts with                                     |                    |  |
|     | □ No ✓ Yes       |  | Institutio       | n name:  |                    |  |
|     | 17.              | Checking account:  | Checki           | ng account Chase bank  |                    | \$300.00   |
|     | 17.              | 2. Checking account:   | Checki           | ng account Self Reliace FCU  |                    | \$300.00   |
| 18. |                  | mutual funds, or public<br>es: Bond funds, investm                         | -                | cks<br>vith brokerage firms, money market accounts   |                    |  |
|     | ✓ No<br>☐ Yes    | Inst   | itution or issue | r name:  |                    |  |
| 19. | -                | blicly traded stock and<br>est in an LLC, partners                         |                  | ncorporated and unincorporated businesses venture  | s, including       |  |
|     | info             | . Give specific<br>rmation about<br>n Nar                                  | me of entity:    |  | % of ownership:    |  |
| 20. | Negotia          | ble instruments include p  | personal check   | negotiable and non-negotiable instruments is, cashiers' checks, promissory notes, and monot transfer to someone by signing or delivering | ney orders.        |  |
|     | info             | . Give specific<br>rmation about<br>n Issu                                 | uer name:        |  |                    |  |
| 21. |                  | ent or pension accoun<br>es: Interests in IRA, ERI<br>profit-sharing plans |                  | 1(k), 403(b), thrift savings accounts, or other p  | ension or          |  |
|     |                  | . List each ount separately. Type  | of account:      | Institution name:  |                    |  |

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| Deb | tor 1 Yaroslav Ohal  | Case number (if known)   |  |
|-----|--|--|--|
| 22. |  | epayments leposits you have made so that you may continue service or use from a company ith landlords, prepaid rent, public utilities (electric, gas, water), telecommunications |  |
|     | ☑ No ☐ Yes   | Institution name or individual:  |  |
| 23. | _  | a specific periodic payment of money to you, either for life or for a number of years)   |  |
|     | ✓ No ☐ Yes   | Issuer name and description:   |  |
| 24. | Interests in an education 26 U.S.C. §§ 530(b)(1), 52                       | IRA, in an account in a qualified ABLE program, or under a qualified state tuition 29A(b), and 529(b)(1).  | n program.   |
|     | ✓ No ☐ Yes   | Institution name and description. Separately file the records of any interests. 11 U.  | S.C. § 521(c)  |
| 25. | Trusts, equitable or future powers exercisable for y                       | re interests in property (other than anything listed in line 1), and rights or rour benefit  |  |
|     | ✓ No ✓ Yes. Give specific information about ther                           | n  |  |
| 26. |  | lemarks, trade secrets, and other intellectual property; n names, websites, proceeds from royalties and licensing agreements   |  |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information about ther</li></ul> | n  |  |
| 27. |  | d other general intangibles<br>ts, exclusive licenses, cooperative association holdings, liquor licenses, professional l   | licenses   |
|     | <ul><li>No</li><li>Yes. Give specific information about ther</li></ul>     | n  |  |
| Mor | ney or property owed to yo   | ou?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you  | ı  |  |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific inf</li></ul>                    |  | deral:   |
|     | about them, including<br>you already filed the re                          | Cta  | nte:   |
|     | and the tax years  |  | cal:   |
| 29. | •  | mp sum alimony, spousal support, child support, maintenance, divorce settlement, pro   | perty settlement   |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific inf</li></ul>                    | ormation Alimony:  |  |
|     |  | Maintenance:   |  |
|     |  | Support:   |  |
|     |  | Divorce settlen  | nent:  |
|     |  | Property settle  | ment:  |

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| Debt | otor 1 Yaroslav Ohal Case number (if known  | wn)   |
|------|---|---|
| 30.  | Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, work compensation, Social Security benefits; unpaid loans you made to someone else                | cers'   |
|      | <ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>   |   |
| 31.  | Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or ref   | nter's insurance  |
|      | No  Yes. Name the insurance company of each policy and list its value   | Surrender or refund value:  |
| 32.  | Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died |   |
|      | <ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>   |   |
| 33.  | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue   | nt  |
|      | ✓ No  Yes. Describe each claim  |   |
| 34.  | Other contingent and unliquidated claims of every nature, including counterclaims of the debtor arights to set off claims   | nd  |
|      | ✓ No  Yes. Describe each claim  |   |
| 35.  | Any financial assets you did not already list   |   |
|      | ✓ No ☐ Yes. Give specific information   |   |
| 36.  | Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here   | \$600.00  |
| Pa   | art 5: Describe Any Business-Related Property You Own or Have an Interest In.   | List any real estate in Part 1.   |
| 37.  | Do you own or have any legal or equitable interest in any business-related property?  |   |
|      | <ul><li>✓ No. Go to Part 6.</li><li>✓ Yes. Go to line 38.</li></ul>   |   |
|      |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38.  | Accounts receivable or commissions you already earned   |   |
|      | ✓ No ☐ Yes. Describe  |   |
| 39.  | Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, teleph desks, chairs, electronic devices  | ones,   |
|      | ✓ No ☐ Yes. Describe  |   |

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| Deb | tor 1         | Yaroslav Ohal  | Case number (if known)   |    |
|-----|---------------|--|--|----|
| 40. | Machin        | ery, fixtures, equipment, supplies you use in business, and tools of y   | your trade   |    |
|     | ✓ No<br>☐ Yes | . Describe   |  |    |
| 41. | Invento       | ry   |  |    |
|     | ✓ No<br>☐ Yes | . Describe   |  |    |
| 42. | Interest      | s in partnerships or joint ventures  |  |    |
|     | ✓ No<br>☐ Yes | . Describe Name of entity:   | % of ownership:  |    |
| 43. | Custom        | ner lists, mailing lists, or other compilations  |  |    |
|     | ✓ No<br>☐ Yes | . Do your lists include personally identifiable information (as defined No Yes. Describe                               | d in 11 U.S.C. § 101(41A))?  |    |
| 44. | Any bu        | siness-related property you did not already list   |  |    |
|     | ✓ No<br>☐ Yes | . Give specific information.   |  |    |
| 45. |               | dollar value of all of your entries from Part 5, including any entries f   | - I CO O   | 0  |
| Pa  |               | Describe Any Farm- and Commercial Fishing-Related Pr<br>If you own or have an interest in farmland, list it in Part 1. | roperty You Own or Have an Interest In.  |    |
| 46. | Do you        | own or have any legal or equitable interest in any farm- or commerci   | ial fishing-related property?  |    |
|     |               | Go to Part 7.  Go to line 47.  |  |    |
|     |               |  | Current value of the portion you own?  Do not deduct secure claims or exemptions | ed |
| 47. | Farm an       | nimals<br>es: Livestock, poultry, farm-raised fish   | ·  |    |
|     | ✓ No          | ·  |  | _  |
| 48. | Crops         | either growing or harvested  |  |    |
|     |               | . Give specific rmation  |  | _  |
| 49. | Farm a        | nd fishing equipment, implements, machinery, fixtures, and tools of t  | trade  |    |
|     | ✓ No<br>☐ Yes | ····   |  |    |
| 50. | Farm a        | nd fishing supplies, chemicals, and feed   |  |    |
|     | ✓ No<br>☐ Yes |  |  |    |

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| Deb | tor 1         | Yaroslav Ohal   | Case nu            | mber (if known)              |          |   |              |
|-----|---------------|---|--------------------|------------------------------|----------|---|--------------|
| 51. | Any far       | m- and commercial fishing-related property you did not al   | ready list         |                              |          |   |              |
|     |               | s. Give specific  |                    |                              |          |   |              |
| 52. |               | e dollar value of all of your entries from Part 6, including a ed for Part 6. Write that number here      |                    |                              | →        |   | \$0.00       |
| P   | art 7:        | Describe All Property You Own or Have an Inte   | rest in That You D | oid Not List A               | bove     | ) |              |
| 53. |               | have other property of any kind you did not already list?<br>les: Season tickets, country club membership |                    |                              |          |   |              |
|     | ✓ No<br>☐ Yes | s. Give specific information.   |                    |                              |          |   |              |
| 54. | Add the       | e dollar value of all of your entries from Part 7. Write that   | number here        |                              | →        |   | \$0.00       |
| P   | art 8:        | List the Totals of Each Part of this Form   |                    |                              |          |   |              |
| 55. | Part 1:       | Total real estate, line 2   |                    |                              | →        |   | \$235,000.00 |
| 56. | Part 2:       | Total vehicles, line 5  | \$0.00             |                              |          |   |              |
| 57. | Part 3:       | Total personal and household items, line 15   | \$1,500.00         |                              |          |   |              |
| 58. | Part 4:       | Total financial assets, line 36   | \$600.00           |                              |          |   |              |
| 59. | Part 5:       | Total business-related property, line 45  | \$0.00             |                              |          |   |              |
| 60. | Part 6:       | Total farm- and fishing-related property, line 52   | \$0.00             |                              |          |   |              |
| 61. | Part 7:       | Total other property not listed, line 54  | \$0.00             |                              |          |   |              |
| 62. | Total p       | ersonal property. Add lines 56 through 61   | \$2,100.00         | Copy personal property total | <b>→</b> | + | \$2,100.00   |
| 63. | Total o       | fall property on Schedule A/B. Add line 55 + line 62  |                    |                              |          |   | \$237,100,00 |

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|  | nformation to ide   |  |  |                               |  |                                 |   |              |
|--|---|--|--|-------------------------------|--|---------------------------------|---|--------------|
| Debtor 1   | Yaroslav<br>First Name  | Middle Name  | Ohal Last Name   |                               | <del></del>  |                                 |   |              |
| Debtor 2<br>(Spouse, if filing   | Tiret Name  | Middle Name  | e Last Name  |                               |  |                                 |   |              |
|  |   |  | RN DISTRICT OF I   | LLIN                          | ois  |                                 |   |              |
| Case number  | arikraptoy Court for a  | ile. <u>itoitiile</u>  | M DIOTHIOT OF I  |                               |  |                                 | Check if this is an amended filing  |              |
| (if known)   |   |  |  |                               |  |                                 | ŭ   |              |
| Official Forr  | n 106C  |  |  |                               |  |                                 |   |              |
| Schedule (   | C: The Proper   | ty You Cl  | aim as Exemp   | ot                            |  |                                 |   | 04/1         |
|  | •   |  | •  |                               |  |                                 |   |              |
| Using the propert space is needed,   | y you listed on Sche  | <i>dule A/B: Prop</i><br>this page as m                            | erty (Official Form 10   | 6A/B)                         | as your source, lis  | ist the p                       | consible for supplying correct<br>property that you claim as exe<br>ary. On the top of any addition   | mpt. If more |
| s to state a spe<br>exempted up to<br>receive certain b<br>exemption of 10 | cific dollar amount a<br>the amount of any a<br>penefits, and tax-exe<br>0% of fair market va | as exempt. Al<br>pplicable stat<br>empt retireme<br>lue under a la | ternatively, you may<br>utory limit. Some ex<br>nt fundsmay be unl | clair<br>emp<br>imite<br>mpti | n the full fair mar<br>tionssuch as the<br>d in dollar amour<br>on to a particular | rket val<br>lose for<br>nt. Hov | u claim. One way of doing sue of the property being health aids, rights to wever, if you claim an amount and the value of the statutory amount. |              |
| Part 1: Id   | lentify the Prope   | rty You Cla  | im as Exempt   |                               |  |                                 |   |              |
| I. Which set o   | of exemptions are yo  | ou claiming?   | Check one only,  | even                          | if your spouse is f  | filing wit                      | th you.   |              |
|  | e claiming state and fectorial executions   |  | kruptcy exemptions.  |                               |  | J                               | •   |              |
| 2. For any pro   | perty you list on Sc  | <i>hedule A/B</i> th   | at you claim as exer   | npt, f                        | ill in the informat  | tion bel                        | low.  |              |
| •  | n of the property and<br>at lists this property   |  | Current value of the portion you own                               |                               | ount of the<br>mption you claim  |                                 | Specific laws that allow exe  | mption       |
|  |   |  | Copy the value from Schedule A/B                                   |                               | ck only one box for<br>h exemption   | or                              |   |              |
| Brief description:   |   |  | \$235,000.00   | $\overline{\mathbf{Q}}$       | \$14,355.00  | 7                               | 735 ILCS 5/12-901   |              |
| 9756 Ivanhoe /   | Ave   |  |  |                               | 100% of fair mark  |                                 |   |              |
| ine from <i>Schedu</i>   | ule A/B:1.1   |  |  |                               | value, up to any applicable statuto limit  | ory                             |   |              |
| Brief description:   |   |  | \$1,000.00   | $\overline{\mathbf{V}}$       | \$1,000.00   | 7                               | 735 ILCS 5/12-1001(b)   |              |
| -  | ure and electronic  | s  |  |                               | 100% of fair mark  | ket                             |   |              |
| ine from <i>Schedu</i>   | ule A/B: <b>6</b>   |  |  |                               | applicable statuto   | ory                             |   |              |
|  |   |  |  |                               |  |                                 |   |              |
|  |   |  |  |                               |  |                                 |   |              |
| -  | -   | -  | more than \$160,3757   |                               | ed on or after the   | date of                         | adjustment.)  |              |
| <b>☑</b> No  |   |  |  |                               |  |                                 |   |              |
| <u> </u>   |   | operty covered   | by the exemption wit   | hin 1                         | 215 days before y  | ou filec                        | this case?  |              |

☐ Yes

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| Debtor 1                                   | Yaroslav Ohal   |  |                                     | Case numbe   | r (if known)                       |
|--|---|--|-------------------------------------|--|------------------------------------|
| Part 2:                                    | Additional Page   |  |                                     |  |                                    |
|  | iption of the property and line on<br>\( /B \) that lists this property | Current value of<br>the portion you<br>own | the portion you exemption you claim |  | Specific laws that allow exemption |
|  |   | Copy the value from<br>Schedule A/B        |                                     | eck only one box for<br>h exemption  |                                    |
| Brief descrip<br>necessary<br>Line from So |   | \$500.00                                   |                                     | \$500.00<br>100% of fair market<br>value, up to any<br>applicable statutory          | 735 ILCS 5/12-1001(a), (e)         |
| Brief descrip                              | otion:  | \$300.00                                   | <b>M</b>                            | \$300.00   | 735 ILCS 5/12-1001(b)              |
|  | account Chase bank  |  |                                     | 100% of fair market  | 100 1200 0/12 100 1(0)             |
| Line from So                               | chedule A/B: <b>17.1</b>  |  |                                     | value, up to any applicable statutory limit  |                                    |
| •  | otion: account Self Reliace FCU chedule A/B:17.2                        | \$300.00                                   |                                     | \$300.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 735 ILCS 5/12-1001(b)              |

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| Fill in this info   | ormation to identify   | A VOIIL CSSO.  |  |   |                                   |
|---|--|--|--|---|-----------------------------------|
|   |  |  |  |   |                                   |
| Debtor 1  | Yaroslav<br>First Name M   | Ohaliddle NameLast Name  |  |   |                                   |
| Debtor 2  |  |  |  |   |                                   |
| (Spouse, if filing)   | First Name M   | iddle Name Last Name   |  |   |                                   |
| United States Bar   | nkruptcy Court for the: N  | ORTHERN DISTRICT OF ILLINOI  | <u>s</u>   |   |                                   |
| Case number   |  |  |  | ☐ Check if this is                                    | s an                              |
| (if known)  |  |  |  | amended filing  |                                   |
| Official Form   | 106D   |  |  |   |                                   |
| Schedule D:   | Creditors Who  | Have Claims Secured by   | y Property   |   | 12/15                             |
| correct informatio On the top of any  1. Do any credit  No. Che   | n. If more space is nee<br>additional pages, write<br>ors have claims secure         | his form to the court with your other schoolow.  | out, number the entri<br>wn).                                    | es, and attach it to thi                              | s form.                           |
| claim, list the creditor has a  | creditor separately for eat particular claim, list the claim, list the claims in alp | nas more than one secured och claim. If more than one other creditors in Part 2. As habetical order according to the | Column A  Amount of claim  Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1   |  | Describe the property that secures the claim:  | \$220,645.00   | \$235,000.00  |                                   |
| US Bank Home I  | Mortgage   | 9756 Ivanhoe Ave   | <del></del>  | <u> </u>  |                                   |
| Creditor's name 4801 Frederica \$   | Street   |  |  |   |                                   |
| Number Street   |  | •  |  |   |                                   |
| As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) first mortgage |  |  |  |   |                                   |
| Date debt was inc   | urred <u>11/2014</u>   | _Last 4 digits of account number   | 0 2 8 7  |   |                                   |
|   |  |  |  |   |                                   |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$220,645.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$220,645.00

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| Fill in this inf    | ormation to ide   |             |           |  |                     |  |  |  |  |
|---------------------|---|-------------|-----------|--|---------------------|--|--|--|--|
| Debtor 1            | Yaroslav  |             | Ohal      |  |                     |  |  |  |  |
|                     | First Name  | Middle Name | Last Name |  |                     |  |  |  |  |
| Debtor 2            |   |             |           |  |                     |  |  |  |  |
| (Spouse, if filing) | First Name  | Middle Name | Last Name |  |                     |  |  |  |  |
| United States Ba    | United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |             |           |  |                     |  |  |  |  |
| Case number         |   |             |           |  | Check if this is an |  |  |  |  |
| (if known)          |   |             |           |  | amended filing      |  |  |  |  |

#### Official Form 106E/F

#### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Part 1. | List All of | FYour PRIORIT | Y Hnsacurad | Claims |
|---------|-------------|---------------|-------------|--------|

| 1. | Do any creditors | have priority | unsecured cl | aims against you? |
|----|------------------|---------------|--------------|-------------------|
|----|------------------|---------------|--------------|-------------------|

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

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| Debtor 1   | Yaroslav Ohal  | Case number (if known)  |     |
|--|--|---|-----|
| Part 2:  | List All of Your NONPRIORIT  | Y Unsecured Claims  |     |
| If a cree type of                                      | es  I of your nonpriority unsecured claims editor has more than one nonpriority unse f claim it is. Do not list claims already inc | claims against you?  Submit this form to the court with your other schedules.  in the alphabetical order of the creditor who holds each claim.  cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.  Total claim  |     |
| El Paso City Who incurr Debtor Debtor At least Check   | TX 79998-1535 State ZIP Code Check one.  1 only  | Section   Secti | .00 |
| Salt Lake City Who incurr Debtor Debtor At least Check | City UT 84130-0285 State ZIP Code ced the debt? Check one.   | State 4 digits of account number 0 6 6 4  When was the debt incurred? 02/2016  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card  | .00 |

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| Debtor 1 Yaroslav Ohal  | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unse                                 | ecured Claims Continuation Page   |             |
| After listing any entries on this page, number previous page. | them sequentially from the  | Total claim |
| 4.3   |   | \$9,855.00  |
| CB  | Last 4 digits of account number 9 2 3 1   |             |
| Nonpriority Creditor's Name                                   | When was the debt incurred? 11/2014   |             |
| PO Box 182789 Number Street                                   | As of the date you file, the claim is: Check all that apply.  |             |
|   |   |             |
|   | Unliquidated  |             |
| Columbus OH 43218-278   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                             | ☐ Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                      | that you did not report as priority claims  |             |
| At least one of the debtors and another                       | Debts to pension or profit-sharing plans, and other similar debts   |             |
| ☐ Check if this claim is for a community del                  | ✓ Other. Specify  Credit Card   |             |
| Is the claim subject to offset?                               | Gredit Card   |             |
| No  |   |             |
| Yes   |   |             |
|   |   |             |
| 4.4   |   | \$3,098.00  |
| CBNA  | Last 4 digits of account number 0 9 1 5   |             |
| Nonpriority Creditor's Name PO Box 6497                       | When was the debt incurred? 11/2014   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | Contingent  |             |
|   | Unliquidated  |             |
| Sioux Falls SD 57117-649                                      | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                             | ☐ Student loans   |             |
| Debtor 1 only Debtor 2 only                                   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only  Debtor 1 and Debtor 2 only                     | that you did not report as priority claims  |             |
| At least one of the debtors and another                       | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify  |             |
| Check if this claim is for a community del                    | ot Credit Card  |             |
| Is the claim subject to offset?                               |   |             |
| <b>☑</b> No   |   |             |
| Yes   |   |             |
| 4.5   |   | *           |
|   |   | \$1,394.00  |
| CBNA Nonpriority Creditor's Name                              | Last 4 digits of account number 7 2 5 7   |             |
| PO Box 6497   | When was the debt incurred? 12/2014   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | ☐ Contingent ☐ Unliquidated   |             |
|   | Disputed  |             |
| Sioux Falls SD 57117-649                                      | <u> </u>  |             |
| City State ZIP Code Who incurred the debt? Check one.         | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | Student loans   |             |
| Debtor 2 only   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only                                    | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                       | Other. Specify  |             |
| ☐ Check if this claim is for a community del                  | Credit Card   |             |
| Is the claim subject to offset?                               |   |             |
| No Vas  |   |             |
| Yes   |   |             |

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| Debtor 1 Yaroslav Ohal  | Case number (if known)  |                                       |
|---|---|---------------------------------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page  |                                       |
| After listing any entries on this page, number the previous page.                       | m sequentially from the   | Total claim                           |
| 4.6   |   | \$17,494.00                           |
| Chase   | Last 4 digits of account number 8 7 4 9   |                                       |
| Nonpriority Creditor's Name   | When was the debt incurred? 10/2014   |                                       |
| 800 Brooksedge Boulevard Number Street  | As of the date you file, the claim is: Check all that apply.  |                                       |
|   | _ Contingent  |                                       |
|   | ☐ Unliquidated ☐ Disputed   |                                       |
| Westerville OH 43081-0000   |   |                                       |
| City State ZIP Code Who incurred the debt? Check one.                                   | Type of NONPRIORITY unsecured claim:  |                                       |
| ✓ Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                                |                                       |
| Debtor 2 only   | that you did not report as priority claims  |                                       |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                     | Debts to pension or profit-sharing plans, and other similar debts   |                                       |
| ☐ Check if this claim is for a community debt   | ✓ Other. Specify  Credit Card   |                                       |
| Is the claim subject to offset?   | ordan dara  |                                       |
| <b>☑</b> No   |   |                                       |
| Yes   |   |                                       |
| 4.7   |   | \$30,000.00                           |
| Chase   | Last 4 digits of account number n o w n   | · · · · · · · · · · · · · · · · · · · |
| Nonpriority Creditor's Name 800 Brooksedge Boulevard                                    | When was the debt incurred? 2015  |                                       |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |                                       |
|   | ☐ Contingent ☐ Unliquidated ☐ Uniquidated ☐ Contingent  |                                       |
|   | — ☐ Disputed  |                                       |
| Westerville         OH         43081-0000           City         State         ZIP Code | Time of NONDRIGHTY improvinged eleiming   |                                       |
| Who incurred the debt? Check one.   | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |                                       |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce  |                                       |
| Debtor 2 only Debtor 1 and Debtor 2 only  | that you did not report as priority claims  |                                       |
| At least one of the debtors and another   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |                                       |
| ☐ Check if this claim is for a community debt   | business credit card  |                                       |
| Is the claim subject to offset?   |   |                                       |
| ✓ No<br>☐ Yes   |   |                                       |
|   |   |                                       |
| 4.8   |   | \$9,644.00                            |
| Citibank Nonpriority Creditor's Name  | Last 4 digits of account number4973   |                                       |
| PO Box 6241   | When was the debt incurred? 07/2013   |                                       |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |                                       |
|   | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent   |                                       |
| Sioux Falls SD 57117-6241   | — Disputed  |                                       |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |                                       |
| Who incurred the debt? Check one.   | Student loans   |                                       |
| Debtor 1 only Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |                                       |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |                                       |
| At least one of the debtors and another   | Other. Specify  |                                       |
| ☐ Check if this claim is for a community debt   | Credit Card   |                                       |
| Is the claim subject to offset?   |   |                                       |
| ✓ No<br>☐ Yes   |   |                                       |

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| Debtor 1 Yaroslav Ohal   | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu  | ıred Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.                      | em sequentially from the  | Total claim |
| 4.9  |   | \$1,284.00  |
| Citibank   | Last 4 digits of account number 1 4 9 2   |             |
| Nonpriority Creditor's Name  | When was the debt incurred? 10/2012   |             |
| PO Box 6241<br>Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|  | Contingent  |             |
|  | ☐ Unliquidated ☐ Disputed   |             |
| Sioux Falls SD 57117-6241  |   |             |
| City State ZIP Code  Who incurred the debt? Check one.                                 | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | Student loans  Obligations origing out of a congration agreement or diverse   |             |
| Debtor 2 only  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                    | Debts to pension or profit-sharing plans, and other similar debts   |             |
|  | Other. Specify  |             |
| Check if this claim is for a community debt  Is the claim subject to offset?           | Credit Card   |             |
| No   |   |             |
| Yes  |   |             |
| 4.10   |   | ***         |
|  | Look 4 digito of account number 4 2 0 F   | \$18,349.00 |
| Citicards CBNA Nonpriority Creditor's Name   | Last 4 digits of account number 4 3 8 5 When was the debt incurred? 12/2015   |             |
| 701 E. 60th St. N. Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| Number Street  | Contingent  |             |
|  | Unliquidated  |             |
| Sioux Falls SD 57104   | Disputed  |             |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  Debtor 1 only                                       | Student loans   |             |
| Debtor 1 only  Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                   |             |
| At least one of the debtors and another  | Other. Specify  |             |
| Check if this claim is for a community debt  | Credit Card   |             |
| Is the claim subject to offset?  |   |             |
| ✓ No<br>☐ Yes  |   |             |
|  |   |             |
| 4.11   |   | \$3,570.00  |
| Discover Financial Services  | Last 4 digits of account number 6 0 1 2   |             |
| Nonpriority Creditor's Name PO Box 15316   | When was the debt incurred? 02/2016   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|  |   |             |
|  | Disputed  |             |
| Wilmington         DE         19850-5316           City         State         ZIP Code | Type of NONERIORITY uncogured claims  |             |
| Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |             |
| Debtor 1 only  | ☐ Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only   | that you did not report as priority claims  |             |
| At least one of the debtors and another  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt  |   |             |
| Is the claim subject to offset?  | 3- <del></del>  |             |
| ☑ No   |   |             |
| Yes  |   |             |

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| Debtor 1 Yaroslav Ohal   | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                  | ured Claims Continuation Page   |             |
| After listing any entries on this page, number th previous page. | em sequentially from the  | Total claim |
| 4.12   |   | \$692.00    |
| Macy's Bankruptcy Processing                                     | Last 4 digits of account number 0 8 3 2   |             |
| Nonpriority Creditor's Name PO Box 8053                          | When was the debt incurred? 12/2015   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|  | Contingent  |             |
|  | Unliquidated  |             |
| Mason OH 45040-0000  | Disputed  |             |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  ☐ Debtor 1 only               | ☐ Student loans   |             |
| Debtor 1 only Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only                                       | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another                          | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                    | Credit Card   |             |
| Is the claim subject to offset?                                  |   |             |
| ☑ No<br>□ Yes  |   |             |
| Yes  |   |             |
| 4.13   |   | \$4,215.00  |
| Synchrony Bank   | Last 4 digits of account number 1 0 4 2   |             |
| Nonpriority Creditor's Name                                      | When was the debt incurred? 02/2016   |             |
| PO Box 965007<br>Number Street                                   | As of the date you file, the claim is: Check all that apply.  |             |
|  | Contingent  |             |
|  | Unliquidated  |             |
| Orlando FL 32896-5007  | Disputed  |             |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  ☑ Debtor 1 only               | ☐ Student loans   |             |
| Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims       |             |
| Debtor 1 and Debtor 2 only                                       | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                          | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                    | Credit Card   |             |
| Is the claim subject to offset?                                  |   |             |
| ☑ No<br>□ Yes  |   |             |
|  |   |             |
| 4.14   |   | \$5,086.00  |
| US Bank  | Last 4 digits of account number 7 9 4 9   |             |
| Nonpriority Creditor's Name PO Box 790179                        | When was the debt incurred? 02/2016   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|  | Contingent  |             |
|  | ☐ Unliquidated ☐ Disputed   |             |
| Saint Louis MO 63179-0179  |   |             |
| City State ZIP Code  Who incurred the debt? Check one.           | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | Student loans   |             |
| Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims       |             |
| Debtor 1 and Debtor 2 only                                       | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                          | Other. Specify  |             |
| Check if this claim is for a community debt                      | Credit Card   |             |
| Is the claim subject to offset?  No                              |   |             |
| ✓ No<br>☐ Yes  |   |             |

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| Debtor 1                   | Yaroslav Ohal  | Case number (if known)  |
|----------------------------|--|---|
| Part 3:                    | List Others to Be Notified Abou  | t a Debt That You Already Listed  |
| For ex<br>credito<br>debts | ample, if a collection agency is trying to c<br>or in Parts 1 or 2, then list the collection a | ried about your bankruptcy, for a debt that you already listed in Parts 1 or 2. collect from you for a debt you owe to someone else, list the original gency here. Similarly, if you have more than one creditor for any of the tional creditors here. If you do not have additional parties to be notified for it this page. |
| DSNB                       |  | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| Name<br>PO Box 82          | 218  | Line <b>4.12</b> of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims  |
| Number                     | Street   | Part 2: Creditors with Nonpriority Unsecured Claims   |
| Mason<br>City              | OH 45040 State ZIP Code  | Last 4 digits of account number   |

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| Debtor 1 | Yaroslav Ohal                                    | Case number (if known) |  |
|----------|--|------------------------|--|
| Part 4:  | Add the Amounts for Each Type of Unsecured Claim |                        |  |

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                          |     |   |                         | Total claim  |
|--------------------------|-----|---|-------------------------|--------------|
| Total claims from Part 1 | 6a. | Domestic support obligations  | 6a.                     | \$0.00       |
|                          | 6b. | Taxes and certain other debts you owe the government  | 6b.                     | \$0.00       |
|                          | 6c. | Claims for death or personal injury while you were intoxicated  | 6c.                     | \$0.00       |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. <b>-</b>            | \$0.00       |
|                          | 6e. | <b>Total.</b> Add lines 6a through 6d.  | 6d.                     | \$0.00       |
|                          |     |   |                         | Total claim  |
| Total claims from Part 2 | 6f. | Student loans   | 6f.                     | \$0.00       |
|                          | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.                     | \$0.00       |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.                     | \$0.00       |
|                          | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | <sup>6i.</sup> <b>-</b> | \$118,806.00 |
|                          | 6j. | <b>Total.</b> Add lines 6f through 6i.  | 6j.                     | \$118,806.00 |

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| Fill in this information to identify your case:                       |                        |             |                   |  |                                    |  |
|---|------------------------|-------------|-------------------|--|------------------------------------|--|
| Debtor 1  | Yaroslav<br>First Name | Middle Name | Ohal<br>Last Name |  |                                    |  |
| Debtor 2<br>(Spouse, if filing)                                       | First Name             | Middle Name | Last Name         |  |                                    |  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |                        |             |                   |  |                                    |  |
| Case number<br>(if known)   |                        |             |                   |  | Check if this is an amended filing |  |

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
  is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
  executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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|     |  |  |   |   | _  |       |
|-----|--|--|---|---|--|-------|
| F   | ll in this inf                               | ormation to i  | dentify your case                               | :   |  |       |
| De  | ebtor 1                                      | Yaroslav   |   | Ohal  |  |       |
|     |  | First Name   | Middle Name                                     | Last Name   |  |       |
|     | ebtor 2                                      |  |   |   |  |       |
| (S  | pouse, if filing)                            | First Name   | Middle Name                                     | Last Name   |  |       |
| Ur  | nited States Ba                              | nkruptcy Court for   | the: <b>NORTHERN D</b>                          | ISTRICT OF ILLINOIS   |  |       |
| Ca  | ase number                                   |  |   |   |  |       |
| (if | known)                                       |  |   |   | Check if this is an amended filing   |       |
|     |  |  |   |   | ı  |       |
| ∩f  | ficial Form                                  | 106H   |   |   |  |       |
|     |  |  | • 4   |   |  |       |
| Sc  | nedule H                                     | : Your Code  | eptors  |   |  | 12/15 |
| nee | ded, copy the<br>e. On the top               | Additional Page  | fill it out, and numbe<br>I Pages, write your n | er the entries in the boxes on                              | the left. Attach the Additional Page to this own). Answer every question.  se as a codebtor.)  |       |
| 2.  | include Arizon                               | na, California, Idal<br>to line 3.<br>I your spouse, for       | no, Louisiana, Nevada                           |   | y? (Community property states and territories xas, Washington, and Wisconsin.) me?   |       |
| 3.  | In Column 1,<br>person show<br>creditor on S | list all of your co<br>on in line 2 again<br>Schedule D (Offic | as a codebtor only if                           | that person is a guarantor or dule E/F (Official Form 106E/ | tor if your spouse is filing with you. List the cosigner. Make sure you have listed the (F), or Schedule G (Official Form 106G). Use |       |

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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| F                      | Fill in this inform   | ation to identif   | y your case:   |  |                  |                    |                            |   |                        |       |
|------------------------|---|--|--|--|------------------|--------------------|----------------------------|---|------------------------|-------|
|                        | Debtor 1  | Yaroslav   |  | Ohal   |                  |                    |                            |   |                        |       |
|                        |   | First Name   | Middle Name  | Last Name  |                  |                    | Che                        | eck if this is:                                     |                        |       |
|                        | Debtor 2<br>(Spouse, if filing)   | First Name   | Middle Name  | Last Name  |                  |                    | —   □                      | An amended filing                                   |                        |       |
|                        | United States Bankru  | intey Court for the  | NORTHERN   | DISTRICT OF IL   | LINC             | IS                 |                            | A supplement show                                   | ving postpetition      |       |
|                        | Case number   | iptoy Count for the.                                       |  |  |                  |                    |                            | chapter 13 income                                   | as of the following    | date: |
|                        | (if known)  |  |  |  |                  |                    |                            | MM / DD / YYYY                                      |                        |       |
| 0                      | fficial Form 10   | <u>61</u>  |  |  |                  |                    |                            |   |                        |       |
| S                      | chedule I: You  | ır Income  |  |  |                  |                    |                            |   | 12                     | 2/15  |
| res<br>inc<br>ab<br>yo | e as complete and ac<br>sponsible for supply<br>clude information ab-<br>out your spouse. If it<br>our name and case nu | ing correct inform<br>out your spouse.<br>more space is ne | ation. If you are<br>If you are separeded, attach a se<br>Answer every o | e married and not<br>rated and your spo<br>eparate sheet to th | filing<br>ouse i | jointly<br>s not f | , and your<br>iling with y | spouse is living wit                                | th you,<br>information |       |
| 1.                     | ,   | ment   |  |  |                  |                    |                            |   |                        |       |
|                        | information.  If you have more th   | an one   |  | Debtor 1   |                  |                    |                            | Debtor 2 or non-                                    | filing spouse          |       |
|                        | job, attach a separate page with information about additional employers.  |  | oyment status  | <ul><li>✓ Employed</li><li>✓ Not employed</li></ul>            |                  |                    |                            | <ul><li>☐ Employed</li><li>☐ Not employed</li></ul> |                        |       |
|                        |   | rs.  | Occupation   | truck driver   |                  |                    |                            | ☐ Not employe                                       | ·u                     |       |
|                        | Include part-time, s  |  | Jation   | ti dek di ivei   |                  |                    |                            | _   |                        |       |
|                        | or self-employed w  |  | oyer's name  |  |                  |                    |                            | _   |                        |       |
|                        | Occupation may inc  | -iiipi   | yer's address  |  |                  |                    |                            |   |                        |       |
|                        | student or homema applies.  | ker, if it   |  | Number Street  |                  |                    |                            | Number Street                                       |                        |       |
|                        |   |  |  |  |                  |                    |                            | _   |                        |       |
|                        |   |  |  |  |                  |                    |                            |   |                        |       |
|                        |   |  |  |  |                  |                    |                            |   |                        |       |
|                        |   |  |  | City   |                  | State              | Zip Code                   | City  | State Zip Coo          | de    |
|                        |   | How I  | ong employed t   | here?  |                  |                    | _                          |   |                        |       |
|                        | Part 2: Give Do   | etails About M   | onthly Incom   | e  |                  |                    |                            |   |                        |       |
|                        | stimate monthly inco  |  |  |  | ina to           | report             | for any line               | e, write \$0 in the space                           | ce. Include vour       |       |
| no                     | n-filing spouse unless  | you are separated  | ĺ.   | •  | •                |                    | ·                          | •   | •                      |       |
| -                      | ou or your non-filing s<br>u need more space, a   | •  | , ,  | er, combine the info   | ormati           | on for             | all employe                | ers for that person on                              | the lines below. If    |       |
|                        | , ,   | ·  |  |  |                  | For D              | ebtor 1                    | For Debtor 2 or non-filing spou                     |                        |       |
| 2.                     | List monthly gross<br>payroll deductions)<br>would be.  |  |  |  | 2.               |                    | \$0.00                     |   | _                      |       |
| 3.                     | Estimate and list r   | monthly overtime   | рау.   |  | 3.               | ·                  | \$0.00                     |   | _                      |       |
| 4.                     | Calculate gross in  | come. Add line 2   | + line 3.  |  | 4.               |                    | \$0.00                     | .]  | _                      |       |

Official Form 106I Schedule I: Your Income page 1

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| Debi | otor 1 Yaroslav Ohal  |             | Case nui             | mber (if know        | 1)    |                 |
|------|---|-------------|----------------------|----------------------|-------|-----------------|
|      |   |             | For Debtor 1         | For Debto non-filing |       |                 |
|      | Copy line 4 here  | <b>→</b> 4. | \$0.00               |                      |       |                 |
| 5.   | List all payroll deductions:  |             |                      |                      |       |                 |
|      | 5a. Tax, Medicare, and Social Security deductions   | 5a.         | \$0.00               |                      |       |                 |
|      | 5b. Mandatory contributions for retirement plans  | 5b.         | \$0.00               |                      |       |                 |
|      | 5c. Voluntary contributions for retirement plans  | 5c.         | \$0.00               |                      |       |                 |
|      | 5d. Required repayments of retirement fund loans  | 5d.         | \$0.00               |                      |       |                 |
|      | 5e. Insurance   | 5e.         | \$0.00               |                      |       |                 |
|      | 5f. Domestic support obligations  | 5f.         | \$0.00               |                      |       |                 |
|      | 5g. Union dues  | 5g.         | \$0.00               |                      |       |                 |
|      | 5h. Other deductions. Specify:  | 5h.         | +\$0.00              |                      |       |                 |
| 6.   | Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .   | + 6.        | \$0.00               |                      |       |                 |
| 7.   | Calculate total monthly take-home pay. Subtract line 6 from line  | 4. 7.       | \$0.00               |                      |       |                 |
| 8.   | List all other income regularly received:   |             |                      |                      |       |                 |
|      | 8a. Net income from rental property and from operating a business, profession, or farm  | 8a.         | \$3,500.00           |                      |       |                 |
|      | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   |             |                      |                      |       |                 |
|      | 8b. Interest and dividends  | 8b.         | \$0.00               |                      |       |                 |
|      | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive   | 8c.         | \$0.00               |                      |       |                 |
|      | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |             |                      |                      |       |                 |
|      | 8d. Unemployment compensation   | 8d.         | \$0.00               |                      |       |                 |
|      | 8e. Social Security   | 8e.         | \$0.00               |                      |       |                 |
|      | 8f. Other government assistance that you regularly receive  |             |                      |                      |       |                 |
|      | Include cash assistance and the value (if known) or any non-<br>cash assistance that you receive, such as food stamps<br>(benefits under the Supplemental Nutrition Assistance Program)<br>or housing subsidies.  |             |                      |                      |       |                 |
|      | Specify:  | 8f.         | \$0.00               |                      |       |                 |
|      | 8g. Pension or retirement income  | 8g.         | \$0.00               |                      |       |                 |
|      | 8h. Other monthly income.   | · ·         | <u> </u>             |                      |       |                 |
|      | Specify:  | 8h.,        | +\$0.00              |                      |       |                 |
| 9.   | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8  | h. 9.       | \$3,500.00           |                      |       |                 |
| 10.  | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spous   | 10.         | \$3,500.00           | +                    |       | \$3,500.00      |
| 11.  | State all other regular contributions to the expenses that you list in  |             | ule J.               |                      |       |                 |
|      | Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  |             |                      |                      |       | :r              |
|      | Do not include any amounts already included in lines 2-10 or amounts  | that are    | not available to pay | expenses liste       |       |                 |
|      | Specify:  |             |                      |                      | 11. + | ÷ <u>\$0.00</u> |
| 12.  | 2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.  12. \$3,500.00  Combined monthly income |             |                      |                      |       |                 |
| 13.  | Do you expect an increase or decrease within the year after you fi  | le this fo  | orm?                 |                      |       | ,               |
|      | No.   | .5 10       |                      |                      |       |                 |
|      |   |             |                      |                      |       |                 |

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| Debtor 1   | Yaroslav Ohal           |              | Case number (if known) |            |
|------------|-------------------------|--------------|------------------------|------------|
| 8a. Attach | ed Statement (Debtor 1) |              |                        |            |
|            |                         | truck driver |                        |            |
| Gross Mo   | onthly Income:          |              |                        | \$3,500.00 |
| Expense    |                         | Category     | Amount                 |            |
| Total Mor  | nthly Expenses          |              |                        | \$0.00     |
| Net Mont   | hly Income:             |              |                        | \$3,500.00 |

Official Form 106l Schedule I: Your Income page 3

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| Fill in this in                      | formation to ider   | ntify your case:   |  | Check if the                      | hie ie:  |  |
|--------------------------------------|---|--|--|-----------------------------------|--|--|
| Debtor 1                             | Yaroslav<br>First Name                                      | Middle Name  | <b>Ohal</b><br>Last Name                               | An ai                             | mended filing<br>pplement showing<br>ter 13 expenses a |  |
| Debtor 2<br>(Spouse, if filir        | ng) First Name  | Middle Name  | Last Name  |                                   | wing date:   | 0 00                                   |
| United States                        | Bankruptcy Court for t                                      | he: NORTHERN DIS   | STRICT OF ILLINOIS                                     | MM /                              | DD / YYYY  | _                                      |
| Case number (if known)               |   |  |  |                                   |  |  |
| Official Forn                        | n 106J  |  |  |                                   |  |  |
| Schedule J                           | : Your Expens   | es   |  |                                   |  | 12/15                                  |
| correct informati<br>name and case r | on. If more space is  | needed, attach anothe<br>nswer every question.           | eople are filing together<br>er sheet to this form. Or |                                   |  |  |
| 1. Is this a join                    | it case?  |  |  |                                   |  |  |
| Yes. D                               | No Yes. Debtor 2 mus  | separate household? tifile Official Form 106J-           | 2, Expenses for Separate                               |                                   |  |  |
| Do not list Debtor 2.                | ebtor 1 and   | Yes. Fill out this inf for each dependent.               | Dobtor 1 o   | t's relationship to<br>r Debtor 2 | Dependent's age  | Does dependent live with you?          |
|                                      |   |  | child  |                                   | 18   | □ No<br>- ☑ Yes                        |
| names.                               | the dependents'   |  |  |                                   |  | No Yes No Yes No Yes No No No No No No |
| expenses of yourself and             | penses include<br>f people other than<br>d your dependents? | ✓ No ☐ Yes  oing Monthly Expe                            | enses  |                                   |  | - □ Yes                                |
| Estimate your exto report expens     | penses as of your ba  | ankruptcy filing date un                                 | nless you are using this If this is a supplement       | • •                               | •  |  |
|                                      |   |  | ance if you know the vance (Official Form 10           |                                   | Your expens  | ses                                    |
|                                      |   | <b>openses for your resid</b> and any rent for the grour |  |                                   | 4.   | \$1,926.00                             |
| If not includ                        | ed in line 4:   | -  |  |                                   |  |  |
| 4a. Real es                          | tate taxes  |  |  |                                   | 4a   |  |
| 4b. Property                         | y, homeowner's, or rer                                      | ter's insurance  |  |                                   | 4b   |  |
| 4c. Home n                           | naintenance, repair, ar                                     | nd upkeep expenses                                       |  |                                   | 4c   | \$100.00                               |
| 4d. Homeo                            | wner's association or o                                     | condominium dues   |  |                                   | 4d.  |  |

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| Deb | otor 1 Yaroslav Ohal  | Case number (if known) |
|-----|---|------------------------|
|     |   | Your expenses          |
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5.                     |
| 6.  | Utilities:  |                        |
|     | 6a. Electricity, heat, natural gas  | 6a. <b>\$180.00</b>    |
|     | 6b. Water, sewer, garbage collection  | 6b. <b>\$100.00</b>    |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. <b>\$280.00</b>    |
|     | 6d. Other. Specify:   | 6d                     |
| 7.  | Food and housekeeping supplies  | 7. <b>\$600.00</b>     |
| 8.  | Childcare and children's education costs  | 8.                     |
| 9.  | Clothing, laundry, and dry cleaning   | 9. <b>\$40.00</b>      |
| 10. | Personal care products and services   | 10. <b>\$10.00</b>     |
| 11. | Medical and dental expenses   | 11. <b>\$20.00</b>     |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.  | 12. <b>\$200.00</b>    |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13. <b>\$40.00</b>     |
| 14. | Charitable contributions and religious donations  | 14.                    |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.   |                        |
|     | 15a. Life insurance   | 15a                    |
|     | 15b. Health insurance   | 15b                    |
|     | 15c. Vehicle insurance  | 15c                    |
|     | 15d. Other insurance. Specify:  | 15d                    |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  | 16.                    |
| 17. | Installment or lease payments:  |                        |
|     | 17a. Car payments for Vehicle 1   | 17a                    |
|     | 17b. Car payments for Vehicle 2   | 17b                    |
|     | 17c. Other. Specify:  | 17c                    |
|     | 17d. Other. Specify:  |                        |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.                    |
| 19. | Other payments you make to support others who do not live with you.  Specify:   | 19.                    |

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| Deb   | tor 1 | Yaroslav Ohal   | Case number (if known) |            |  |
|---|-------|---|------------------------|------------|--|
| 20.   |       | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.   |                        |            |  |
|   | 20a.  | Mortgages on other property   | 20a                    |            |  |
|   | 20b.  | Real estate taxes   | 20b                    |            |  |
|   | 20c.  | Property, homeowner's, or renter's insurance  | 20c                    |            |  |
|   | 20d.  | Maintenance, repair, and upkeep expenses  | 20d                    |            |  |
|   | 20e.  | Homeowner's association or condominium dues   | 20e                    |            |  |
| 21.   | Other | . Specify:  | 21. +                  |            |  |
| 22.   | Calcu | late your monthly expenses.   |                        |            |  |
|   | 22a.  | Add lines 4 through 21.   | 22a                    | \$3,496.00 |  |
|   | 22b.  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.                | 22b                    |            |  |
|   | 22c.  | Add line 22a and 22b. The result is your monthly expenses.                                      | 22c                    | \$3,496.00 |  |
| 23.   | Calcu | late your monthly net income.   |                        |            |  |
|   | 23a.  | Copy line 12 (your combined monthly income) from Schedule I.                                    | 23a                    | \$3,500.00 |  |
|   | 23b.  | Copy your monthly expenses from line 22c above.   | 23b. <b>_</b> _        | \$3,496.00 |  |
|   | 23c.  | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c                    | \$4.00     |  |
| 24.   | Do yo | ou expect an increase or decrease in your expenses within the year after you fi                 | ile this form?         |            |  |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |       |   |                        |            |  |
|   |       | No.   |                        |            |  |
|   |       | Yes. Explain here: None.  |                        |            |  |
|   |       | incinc.   |                        |            |  |
|   |       |   |                        |            |  |

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| Fill in this                   | :f                      |                           | -   |  |                                  |
|--------------------------------|-------------------------|---------------------------|---|--|----------------------------------|
| Debtor 1                       | Yaroslav                | dentify your case         | Ohal  |  |                                  |
|                                | First Name              | Middle Name               | Last Name   |  |                                  |
| Debtor 2<br>(Spouse, if filing | ng) First Name          | Middle Name               | Last Name   | _                                      |                                  |
| United States                  | Bankruptcy Court fo     | r the: NORTHERN D         | ISTRICT OF ILLINOIS                                       |  |                                  |
| Case number<br>(if known)      |                         |                           |   |  | ck if this is an<br>ended filing |
| Official For                   | rm 106Sum               |                           |   |  |                                  |
| ummary                         | of Your Asse            | ets and Liabilit          | ies and Certain S   | Statistical Information                | 12/15                            |
| Part 1:                        | Summarize You           | r Assets                  |   |  |                                  |
|                                |                         |                           |   |  | Your assets                      |
|                                |                         | . =                       |   |  | Value of what you own            |
|                                | A/B: Property (Officia  | •                         |   |  | \$225,000,00                     |
| 1a. Copy                       | line 55, Total real es  | state, from Schedule A    | /B  |  | \$235,000.00                     |
| 1b. Copy                       | line 62, Total persor   | nal property, from Sche   | edule A/B   |  | \$2,100.00                       |
| 1c. Copy                       | line 63, Total of all p | property on Schedule A    | /B  |  | \$237,100.00                     |
|                                |                         |                           |   |  |                                  |
| Part 2:                        | Summarize You           | r Liabilities             |   |  |                                  |
|                                |                         |                           |   |  | Your liabilities Amount you owe  |
|                                |                         | •                         | Property (Official Form 106 f claim, at the bottom of the | 6D)<br>last page of Part 1 of Schedule | D <b>\$220,645.00</b>            |
|                                |                         |                           | s (Official Form 106E/F)                                  |  | <b>\$0.00</b>                    |
| За. Сору                       | the total claims from   | n Part 1 (priority unsecu | ured claims) from line 6e of                              | Schedule E/F                           | \$0.00                           |
| 3b. Copy                       | the total claims from   | n Part 2 (nonpriority uns | secured claims) from line 6i                              | j of Schedule E/F                      | <b>+</b> \$118,806.00            |

#### Part 3: Summarize Your Income and Expenses

\$339,451.00

Your total liabilities

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| Debtoi | 1 Yarosla  | v Ohal  | Case number (if known)                   |                     |  |
|--------|--|---|--|---------------------|--|
| Par    | : 4: Answe   | er These Questions for Administrative and Stati   | stical Records                           |                     |  |
| 6. A   | re you filing for  | bankruptcy under Chapters 7, 11, or 13?   |  |                     |  |
|        | <b>-</b>   | e nothing to report on this part of the form. Check this box an                               | d submit this form to the court with yo  | ur other schedules. |  |
| 7. W   | hat kind of deb  | t do you have?  |  |                     |  |
| 5      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. |   |  |                     |  |
|        |  | are not primarily consumer debts. You have nothing to repone court with your other schedules. | ort on this part of the form. Check this | box and submit      |  |
|        | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$3,500.00   |   |  |                     |  |
| 9. C   | opy the followi  | ng special categories of claims from Part 4, line 6 of Scheo                                  | dule E/F:                                |                     |  |
|        |  |   | Total claim                              |                     |  |
| F      | rom Part 4 on S  | Schedule E/F, copy the following:   |  |                     |  |
| 9      | a. Domestic su   | oport obligations. (Copy line 6a.)  | \$0.0                                    | <u>0</u>            |  |
| 9      | o. Taxes and co  | ertain other debts you owe the government. (Copy line 6b.)                                    | \$0.0                                    | <u>0</u>            |  |
| 9      | c. Claims for de   | eath or personal injury while you were intoxicated. (Copy line 6                              | Sc.) <b>\$0.0</b>                        | 0                   |  |
| 9      | d. Student loan  | s. (Copy line 6f.)  | \$0.0                                    | <u>0</u>            |  |
| 9      | Ū  | urising out of a separation agreement or divorce that you did no                              | ot report as \$0.0                       | 0_                  |  |

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

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|                             |                   |                          | amont rago o            |  |
|-----------------------------|-------------------|--------------------------|-------------------------|--|
| Fill in this inf            | ormation to i     | dentify your case        | :                       |  |
| Debtor 1                    | Yaroslav          |                          | Ohal                    |  |
|                             | First Name        | Middle Name              | Last Name               | <del></del>  |
| Debtor 2                    |                   |                          |                         |  |
| (Spouse, if filing)         | First Name        | Middle Name              | Last Name               |  |
| United States Bar           | nkruptcy Court fo | r the: <b>NORTHERN D</b> | ISTRICT OF ILLINOIS     | <u> </u>   |
| Case number                 |                   |                          |                         |  |
| (if known)                  |                   |                          |                         | Check if this is an amended filing                   |
|                             | 4000              |                          |                         |  |
| Official Form               | 106Dec            |                          |                         |  |
| Declaration                 | About an I        | ndividual Debt           | or's Schedules          | 12/1   |
| Sig                         | ın Below          |                          |                         |  |
|                             |                   | someone who is NOT       | an attornev to help you | ı fill out bankruptcy forms?                         |
| <b>⋈</b> No                 |                   |                          |                         |  |
| — ⊢<br>□ Yes Na             | ame of person     |                          |                         | Attach Bankruptcy Petition Preparer's Notice,        |
|                             |                   |                          |                         | Declaration, and Signature (Official Form 119).      |
|                             |                   |                          |                         |  |
|                             |                   |                          |                         |  |
| Under penalty true and corr |                   | clare that I have read   | the summary and sche    | edules filed with this declaration and that they are |
| Y lel Varoe                 | lay Ohal          |                          | Y                       |  |

Signature of Debtor 2

MM / DD / YYYY

Date

Yaroslav Ohal, Debtor 1

MM / DD / YYYY

Date 01/09/2017

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|    | ll in this inf        | ormation to i      | dentify your case         |                        |  |     |
|----|-----------------------|--------------------|---------------------------|------------------------|--|-----|
| De | ebtor 1               | Yaroslav           |                           | Ohal                   |  |     |
|    |                       | First Name         | Middle Name               | Last Name              |  |     |
|    | ebtor 2               |                    |                           |                        |  |     |
| (S | pouse, if filing)     | First Name         | Middle Name               | Last Name              |  |     |
| Ur | nited States Bar      | nkruptcy Court fo  | r the: <b>NORTHERN D</b>  | ISTRICT OF ILLING      | <u>IS</u>  |     |
| Ca | ase number            |                    |                           |                        |  |     |
|    | known)                |                    |                           |                        | Check if this is an amended filing   |     |
| Of | ficial Form           | 107                |                           |                        |  |     |
|    |                       |                    | Affaira far Ind           | ividuala Eilina        | for Bankruptcy   | 04/ |
|    |                       |                    |                           |                        |  |     |
|    |                       |                    | out Your Marital S        | Status and Where       | You Lived Before   |     |
| 1. | Married  ✓ Not marrie | current marital s  | status ?                  |                        |  |     |
| 2. | During the la         | st 3 years, have   | you lived anywhere o      | ther than where you    | ive now?   |     |
|    | ☑ No                  | •                  |                           | •                      |  |     |
|    | Yes. List             | all of the places  | you lived in the last 3 y | ears. Do not include w | here you live now.   |     |
| 3. | (Community p          | • •                | •                         | • .                    | nt in a community property state or territory?<br>, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, |     |
|    | ✓ No                  | <b>,</b>           |                           |                        |  |     |
|    | ☐ Yes. Mak            | e sure you fill ou | t Schedule H: Your Co     | debtors (Official Form | 106H).   |     |

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| Debtor 1 |                    | Yaroslav Ohal   |  | Case number (if known)                               |  |  |  |
|----------|--------------------|---|--|--|--|--|--|
| Р        | art 2:             | Explain the Sources of Y  | our Income   |  |  |  |  |
| 4.       | Fill in th         | I have any income from employne total amount of income you recere filing a joint case and you have  | ived from all jobs and all bus   | inesses, including par                               | t-time activities.   | endar years?   |  |
|          |                    |   | Debtor 1   |  | Debtor 2   |  |  |
|          |                    |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions |  |
|          |                    | ry 1 of the current year until<br>I filed for bankruptcy:   | <ul><li>Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul> | \$1,750.00   | <ul><li>Wages, commissions, bonuses, tips</li><li>□ Operating a business</li></ul>   |  |  |
|          |                    | calendar year:  December 31, 2016 )  YYYY   | <ul><li>Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul> | \$42,000.00  | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> |  |  |
|          |                    | ndar year before that:  December 31, 2015 ) YYYY  | <ul><li></li></ul>   | \$14,188.00  | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> |  |  |
| 5.       | Include<br>unemplo | receive any other income durin<br>income regardless of whether that<br>byment; and other public benefit pa<br>hbling and lottery winnings. If you<br>1. | income is taxable. Example ayments; pensions; rental inc                           | es of other income are<br>come; interest; dividen    | ds; money collected from law   | vsuits; royalties;                                   |  |
|          | List eac           | h source and the gross income fro   | om each source separately. [   | Do not include income                                | that you listed in line 4.   |  |  |
|          | ☑ No<br>☐ Yes      | . Fill in the details.  |  |  |  |  |  |

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| Debtor 1 Yaroslav Ohal |                                   | Case number (if known)   |   |                                    |  |   |   |
|------------------------|-----------------------------------|--------------------------|---|------------------------------------|--|---|---|
| Pa                     | art 3:                            | List Certain Pay         | ments You Ma  | de Before `                        | You Filed for Ba   | nkruptcy  |   |
| 6.                     | Are eith                          | er Debtor 1's or Debto   | or 2's debts prima  | rily consume                       | r debts?   |   |   |
|                        | □ No.                             |                          |   |                                    | mer debts. Consur  |   | d in 11 U.S.C. § 101(8) as  |
|                        |                                   | During the 90 days b     | efore you filed for   | bankruptcy, di                     | d you pay any credit   | or a total of \$6,425*                          | or more?  |
|                        |                                   | ☐ No. Go to line 7.      |   |                                    |  |   |   |
|                        |                                   | total amour              | nt you paid that cre  | editor. Do not i                   | total of \$6,425* or minclude payments for ude payments to an  | domestic support of                             | oligations, such as   |
|                        |                                   | * Subject to adjustm     | ent on 4/01/19 and  | l every 3 years                    | after that for cases   | filed on or after the o                         | late of adjustment.   |
|                        | <b>✓</b> Yes                      | . Debtor 1 or Debtor     | 2 or both have pr   | imarily consu                      | mer debts.   |   |   |
|                        |                                   | During the 90 days b     | efore you filed for   | bankruptcy, di                     | d you pay any credit   | or a total of \$600 or                          | more?   |
|                        |                                   | ☐ No. Go to line 7.      |   |                                    |  |   |   |
|                        |                                   | creditor. D              | o not include paym  | nents for dome                     | total of \$600 or morestic support obligations this bankruptcy | ons, such as child su                           |   |
|                        |                                   |                          |   | Dates of payment                   | Total amount paid  | Amount you still owe                            | Was this payment for  |
|                        |                                   | ome Mortgage             |   | _                                  | \$6,390.00   | \$220,645.00                                    | _ Mortgage  |
| 480<br>Num             |                                   | erica Street             | 42304-0000  | past 90 da<br>-<br>-               | lys mortgage pay   | ments   | ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other   |
| City                   | Maria to a                        | State                    | ZIP Code  | P. I                               |  |   | and a sure on the state of  |
| 7.                     | Insiders<br>corporat<br>agent, ir | tions of which you are a | any general partne<br>n officer, director,<br>ess you operate a | ers; relatives o<br>person in cont | f any general partner<br>rol, or owner of 20%                  | rs; partnerships of wl<br>or more of their voti | who was an insider?  nich you are a general partner;  ng securities; and any managing  for domestic support obligations |
|                        |                                   | . List all payments to a | n insider.  |                                    |  |   |   |

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| Deb | tor 1         | Yaroslav Ohal  | Case number (if known)                             |
|-----|---------------|--|--|
| В.  |               | 1 year before you filed for bankruptcy, did you make any payments<br>ed an insider?  | or transfer any property on account of a debt that |
|     | Include       | payments on debts guaranteed or cosigned by an insider.  |  |
|     | ✓ No<br>☐ Yes | s. List all payments that benefited an insider.  |  |
|     |               |  |  |
| Pa  | art 4:        | Identify Legal Actions, Repossessions, and Foreclos  | sures  |
| 9.  | List all s    | 1 year before you filed for bankruptcy, were you a party in any laws such matters, including personal injury cases, small claims actions, diversitions, and contract disputes. | · · · · · · · · · · · · · · · · · · ·              |
|     | ✓ No<br>☐ Yes | s. Fill in the details.  |  |
| 10. | seized,       | 1 year before you filed for bankruptcy, was any of your property re or levied? all that apply and fill in the details below.   | possessed, foreclosed, garnished, attached,        |
|     | _             | Go to line 11. s. Fill in the information below.   |  |
| 11. |               | 90 days before you filed for bankruptcy, did any creditor, including ts from your accounts or refuse to make a payment because you o   |  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.  |  |
| 12. |               | 1 year before you filed for bankruptcy, was any of your property in rs, a court-appointed receiver, a custodian, or another official?  | the possession of an assignee for the benefit of   |
|     | ✓ No<br>☐ Yes | S  |  |
| Pa  | art 5:        | List Certain Gifts and Contributions   |  |
| 13. | Within 2      | 2 years before you filed for bankruptcy, did you give any gifts with   | a total value of more than \$600 per person?       |
|     | ✓ No<br>☐ Yes | s. Fill in the details for each gift.  |  |
| 14. |               | 2 years before you filed for bankruptcy, did you give any gifts or co<br>charity?  | ontributions with a total value of more than \$600 |
|     | ✓ No<br>☐ Yes | s. Fill in the details for each gift or contribution.  |  |

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| Debto   | or 1   | Yaroslav C                         | hal        |                | Cas  | e number (if kn  | own)                              |                   |
|---------|--------|------------------------------------|------------|----------------|--|------------------|-----------------------------------|-------------------|
| Par     | rt 6:  | List Cert                          | ain L      | osses          |  |                  |                                   |                   |
|         |        | n 1 year before<br>disaster, or ga | -          |                | uptcy or since you filed for bankruptcy, did   | you lose anyti   | ning because of the               | eft, fire,        |
|         | ☑ N    | o<br>es. Fill in the d             | etails.    |                |  |                  |                                   |                   |
| Par     | rt 7:  | List Cert                          | ain P      | ayments or     | Transfers  |                  |                                   |                   |
| а       | anyor  | ne you consult                     | ed abo     | ut seeking ba  | uptcy, did you or anyone else acting on you<br>inkruptcy or preparing a bankruptcy petitio<br>preparers, or credit counseling agencies for s | n?               |                                   | -                 |
| [       | □ N    |                                    |            | upicy petition | preparers, or credit couriseing agencies for s   | ervices required | Tior your bankrupte               | y.                |
|         |        | Law Offices Was Paid               |            |                | Description and value of any property tr<br>legal and filing fee   | ansferred        | Date payment or transfer was made | Amount of payment |
| None    |        | 21                                 |            |                | _  |                  | January 5, 2017                   | \$1,435.00        |
| Numbe   | er S   | Street                             |            |                | _  |                  |                                   |                   |
| City    |        |                                    | State      | ZIP Code       | _  |                  |                                   |                   |
| Email c | or web | osite address                      |            |                | _  |                  |                                   |                   |
| Person  | n Who  | Made the Payme                     | nt, if Not | You            | _  |                  |                                   |                   |
|         |        | Financial<br>Was Paid              |            |                | Description and value of any property tr counseling  | ansferred        | Date payment or transfer was made | Amount of payment |
| Numbe   | er S   | Street                             |            |                | _  |                  | January 2017                      | \$10.00           |
|         |        |                                    |            |                | _  |                  |                                   |                   |
| City    |        |                                    | State      | ZIP Code       | _  |                  |                                   |                   |
| Email o | or web | osite address                      |            |                | _  |                  |                                   |                   |
| Person  | n Who  | Made the Payme                     | nt, if Not | You            | _  |                  |                                   |                   |

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| Deb | tor 1         | Yaroslav Ohal  | Case number (if known)                             |
|-----|---------------|--|--|
| 17. |               | 1 year before you filed for bankruptcy, did you or anyone else acting o<br>who promised to help you deal with your creditors or to make payme          |  |
|     | Do not i      | nclude any payment or transfer that you listed on line 16.   |  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.  |  |
| 18. |               | 2 years before you filed for bankruptcy, did you sell, trade, or otherwis<br>y transferred in the ordinary course of your business or financial affai  |  |
|     |               | both outright transfers and transfers made as security (such as granting of nclude gifts and transfers that you have already listed on this statement. | a security interest or mortgage on your property). |
|     | ✓ No<br>☐ Yes | s. Fill in the details.  |  |
| 19. |               | 10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.)              | to a self-settled trust or similar device of which |
|     | ✓ No<br>☐ Yes | . Fill in the details.   |  |
| Pa  | art 8:        | List Certain Financial Accounts, Instruments, Safe Dep   | osit Boxes, and Storage Units                      |
| 20. |               | 1 year before you filed for bankruptcy, were any financial accounts or closed, sold, moved, or transferred?  | instruments held in your name, or for your         |
|     |               | checking, savings, money market, or other financial accounts; certificates pension funds, cooperatives, associations, and other financial institutions | •  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.  |  |
| 21. | -             | now have, or did you have within 1 year before you filed for bankrupt<br>urities, cash, or other valuables?  | cy, any safe deposit box or other depository       |
|     | ✓ No<br>☐ Yes | s. Fill in the details.  |  |
| 22. | •             | ou stored property in a storage unit or place other than your home wit   | hin 1 year before you filed for bankruptcy?        |
|     | ✓ No<br>☐ Yes | s. Fill in the details.  |  |
| Pa  | art 9:        | Identify Property You Hold or Control for Someone Else   | e  |
| 23. | -             | hold or control any property that someone else owns? Include any p in trust for someone.   | roperty you borrowed from, are storing for,        |
|     | ✓ No<br>☐ Yes | . Fill in the details.   |  |

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| Debtor 1             | Yaroslav Ohal  |  | Case number (if known)  |  |  |  |  |
|----------------------|--|--|---|--|--|--|--|
| Part 10              | Give Details About En  | vironmental Information  |   |  |  |  |  |
| For the pur          | rpose of Part 10, the following  | definitions apply:   |   |  |  |  |  |
| hazardo              | ous or toxic substance, wastes   | , state, or local statute or regulation cond<br>, or material into the air, land, soil, surfact<br>rolling the cleanup of these substances, v                            |   |  |  |  |  |
|                      | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. |  |   |  |  |  |  |
|                      | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.              |  |   |  |  |  |  |
| Report all           | notices, releases, and proceed   | ings that you know about, regardless of v  | when they occurred.   |  |  |  |  |
| 24. Has a<br>law?    | ny governmental unit notified y  | ou that you may be liable or potentially li  | iable under or in violation of an environmental   |  |  |  |  |
| ☑ No                 | o<br>es. Fill in the details.  |  |   |  |  |  |  |
|                      |  | unit of any release of hazardous material  | 1?  |  |  |  |  |
| ☑ Ye                 | o<br>es. Fill in the details.  |  |   |  |  |  |  |
| 26. Have y           |  | l or administrative proceeding under any   | environmental law? Include settlements and  |  |  |  |  |
| ✓ No                 | o<br>es. Fill in the details.  |  |   |  |  |  |  |
| Part 11              | Give Details About Yo  | ur Business or Connections to Ai   | ny Business   |  |  |  |  |
| 27. Withir busing    |  | ankruptcy, did you own a business or hav   | ve any of the following connections to any  |  |  |  |  |
| []<br>[]<br>[]<br>[] | A member of a limited liability A partner in a partnership An officer, director, or managi   | oyed in a trade, profession, or other activity, company (LLC) or limited liability partnershing executive of a corporation evoting or equity securities of a corporation |   |  |  |  |  |
|                      | o. None of the above applies. Ges. Check all that apply above a  | o to Part 12.<br>nd fill in the details below for each business  |   |  |  |  |  |
| AISU Truc            | cking, Inc.  | Describe the nature of the business truck driving  | Employer Identification number Do not include Social Security number or ITIN.           |  |  |  |  |
| Business Nar         | me   |  | EIN: <u>2</u> <u>7</u> – <u>4</u> <u>0</u> <u>7</u> <u>3</u> <u>4</u> <u>0</u> <u>4</u> |  |  |  |  |
| Number S             | itreet   | Name of accountant or bookkeeper   | Dates business existed  |  |  |  |  |
|                      |  |  | From 2011 To 2016   |  |  |  |  |
|                      |  |  |   |  |  |  |  |
| City                 | State 7ID Code   |  |   |  |  |  |  |

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| Debtor 1              | Yaroslav Ohal   | Case number (if known)  |
|-----------------------|---|---|
|                       | nin 2 years before you filed for bankruptcy, o<br>inancial institutions, creditors, or other part | did you give a financial statement to anyone about your business? Include ies.  |
|                       | No<br>Yes. Fill in the details below.   |   |
| Part 1                | 2: Sign Below   |   |
| that ansv<br>property | wers are true and correct. I understand that  | ial Affairs and any attachments, and I declare under penalty of perjury making a false statement, concealing property, or obtaining money or ase can result in fines up to \$250,000, or imprisonment for up to 20 years, |
| X <u>/s/</u> Ya       | aroslav Ohal  | X   |
| Yaros                 | lav Ohal, Debtor 1  | Signature of Debtor 2   |
| Date                  | 01/09/2017  | Date  |
| Did you               | attach additional pages to Your Statement o   | of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
| ☑ No<br>□ Yes         |   |   |
| Did you               | pay or agree to pay someone who is not an   | attorney to help you fill out bankruptcy forms?   |
| <b>√</b> No           |   |   |
| Yes.                  | Name of person  | Attach the Bankruptcy Petition Preparer's Notice,   |

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| Fill in this inf                            | ormation to i      | dentify your case:                            |   |                                |   |
|---|--------------------|---|---|--------------------------------|---|
| Debtor 1                                    | Yaroslav           | Middle Nove                                   | Ohal  |                                |   |
|   | First Name         | Middle Name                                   | Last Name   |                                |   |
| Debtor 2<br>(Spouse, if filing)             | First Name         | Middle Name                                   | Last Name   |                                |   |
| United States Ba                            | nkruptcy Court fo  | r the: <b>NORTHERN DIS</b>                    | TRICT OF ILLINOIS   |                                |   |
| Case number (if known)                      |                    |   |   |                                | Check if this is an amended filing  |
| Official Form                               | 108                |   |   |                                |   |
| Statement o                                 | f Intention        | for Individuals F                             | Filing Under Chap   | ter 7                          | 12/1  |
| If you are an indiv                         | idual filing unde  | r chapter 7, you must fi                      | Il out this form if:                                      |                                |   |
| ■ creditors have                            | claims secured     | by your property, or                          |   |                                |   |
| ■ you have lease                            | ed personal prop   | erty and the lease has r                      | not expired.  |                                |   |
|   | hever is earlier,  | _   | you file your bankruptcy μ<br>s the time for cause. You ι | -                              | _   |
| If two married peo                          |                    | -   | oth are equally responsible                               | for supplying correct          | information.  |
| •   | •                  | ossible. If more space and case number (if kn | is needed, attach a separat<br>own).                      | e sheet to this form. C        | On the top of any   |
| Part 1: Lis                                 | t Your Credit      | ors Who Hold Secu                             | red Claims  |                                |   |
|   | itors that you lis | ted in Part 1 of <i>Schedul</i>               | e D: Creditors Who Hold C                                 | laims Secured by Prop          | perty (Official Form 106D),   |
| Identify the c                              | reditor and the p  | property that is collatera                    | What do you inter<br>property that secu                   |                                | Did you claim the property as exempt on Schedule C?                                 |
| Creditor's name:                            | US Bank Ho         | me Mortgage                                   | Surrender the   | property. perty and redeem it. | □ No □ Yes  |
| Description of<br>property<br>securing debt |                    | e Ave   | Retain the pro Reaffirmation Retain the pro               | perty and [explain]:           | ments to creditor without   |
|   |                    |   | reaffirming.  |                                |   |
| Part 2: Lis                                 | t Your Unexp       | ired Personal Prop                            | erty Leases   |                                |   |
| fill in the informat                        | ion below. Do n    | ot list real estate leases                    |   | ses that are still in effe     | red Leases (Official Form 106G<br>ct; the lease period has not<br>S.C. § 365(p)(2). |
|   |                    | sonal property leases                         | _   |                                | Will this lease be assumed?   |

None.

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| Debtor 1                     | Yaroslav Ohal                   | Case number (if known)   |  |
|------------------------------|---------------------------------|--|--|
| Part 3:                      | Sign Below                      |  |  |
| Under p                      | enalty of perjury, I declare th | at I have indicated my intention about any property of my estate that secures a debt and |  |
|                              | I property that is subject to a |  |  |
| persona                      |                                 |  |  |
| persona<br>X <u>/s/ Yaro</u> | I property that is subject to a | n unexpired lease.   |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
   Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

| \$75  | filing fee<br>administrative fee<br>trustee surcharge |
|-------|---|
| \$335 | total fee   |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

| + |         | filing fee<br>administrative fee |
|---|---------|----------------------------------|
|   | \$1 717 | total fee                        |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

| + |       | filing fee<br>administrative fee |
|---|-------|----------------------------------|
|   | \$275 | total fee                        |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

| + |       | filing fee<br>administrative fee |
|---|-------|----------------------------------|
|   | \$310 | total fee                        |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to:

http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

| In | re Yaroslav Ohal   | Case No.   |
|----|--|--|
|    |  | Chapter 7  |
|    | DISCLOSURE OF COMPENSATION OF AT   | TORNEY FOR DEBTOR                                  |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I a that compensation paid to me within one year before the filing of the petition services rendered or to be rendered on behalf of the debtor(s) in contemplais as follows:   | n in bankruptcy, or agreed to be paid to me, for   |
|    | For legal services, I have agreed to accept  | \$1,100.00_  |
|    | Prior to the filing of this statement I have received  | \$1,100.00   |
|    | Balance Due  | \$0.00   |
| 2. | The source of the compensation paid to me was:  ☑ Debtor ☐ Other (specify)   |  |
| 3. | The source of compensation to be paid to me is:  |  |
|    | ✓ Debtor Other (specify)   |  |
| 4. | ✓ I have not agreed to share the above-disclosed compensation with an associates of my law firm.   | other person unless they are members and           |
|    | ☐ I have agreed to share the above-disclosed compensation with another associates of my law firm. A copy of the agreement, together with a list compensation, is attached.   |  |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service   | for all aspects of the bankruptcy case, including: |
|    | a. Analysis of the debtor's financial situation, and rendering advice to the debtor's financial situation. | ebtor in determining whether to file a petition in |
|    | b. Preparation and filing of any petition, schedules, statements of affairs ar   | nd plan which may be required;                     |
|    | c. Representation of the debtor at the meeting of creditors and confirmatio  | n hearing, and any adjourned hearings thereof:     |

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| 030) (12/15) |
|--------------|
|              |

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/09/2017 /s/ Igor Gromov

Date Igor Gromov
Gromov Law Offices

1020 N. Milwaukee Ave., Ste. 101

Deerfield, IL 60015

Phone: (847) 845-1779 / Fax: (888) 415-7687

Bar No. 6282530

/s/ Yaroslav Ohal

Yaroslav Ohal

#### Case 17-00619 Doc 1CLE STORY AND THE CONTRACTOR OF THE CONTRACTOR Desc Main

Pursuant to 11 U.S.C. Section 528 the undersigned parties agree to the following:

Igor Gromov, ("Attorney"), as a member of the firm of Gromov Law Offices, 1020 North Milwaukee Avenue, Suite 101, Deerfield, Illinois, does hereby agree to render legal services for all aspects of a bankruptcy case to Yaroslav Ohal, ("Client(s)") including:

- a. Analysis of the financial situation of, and rendering advice to, the undersigned in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of Chapter 7 petition, schedules, and statements, which may be required;
- c. Representation at the meeting of creditors and any adjourned hearings thereof;

The following services are not included in the legal fees stated below:

- d. Negotiations with secured creditors to determine replacement value;
- e. Preparation and filing of motions for avoidance of liens;
- Representation in any dischargeability actions, rule 2004 examinations;
- Representation in relief from stay actions;
- h. Representation in any other adversary proceeding, or in regard to any other motion or hearing.

Client(s) is/are responsible for payment for credit counseling and post-discharge debtor education, and credit reports, at the time such services are purchased.

I/We, the Client(s) hereby retain Igor Gromov to file a bankruptcy petition on my/our behalf. Client(s) agree(s) to pay the sum of \$1,100 to Attorney for legal services, plus the filing fee appropriate for the chapter under which Client(s) choose(s) to file a petition (Chapter 7 - \$335), Legal fee to Attorney is paid as follows: \$500 at time of execution of this Contract, \$600 before the case is filed. Filing fee shall be paid prior to the filing of the petition. The legal fee to Attorney represents a classic retainer and is not refundable in whole or in part. Client(s) understand(s) and acknowledge that in consideration of retaining Igor Gromov to file a bankruptcy petition, Igor Gromov will be giving up other client opportunities by dedicating time to Client(s)' bankruptcy case. Client must provide Attorney with a full list of creditors and correct addresses. In the event Client wishes to amend his list of creditors by adding or removing creditors, client shall pay additional filing fee of \$30 to the Court and \$50 per creditor to Igor Gromov.

Attorney agrees to use his best efforts in representing Client(s) in this matter. However, the Client(s) recognize(s) that the Judge, and not the Attorney makes the final decision in the case, and therefore, Attorney cannot guarantee any particular outcome of this matter. The parties agree that compensation will not be shared with people who are not members or associates of the above named law firm. The parties agree that the above named Attorney and firm do not and will not represent the undersigned, unless and until initial payment is tendered to and accepted by said Attorney.

The Client(s) agree(s) to timely provide all information and documents necessary or helpful in preparing a petition in bankruptcy, and by their signatures certify that said information, documents, and other communications with said Attorney, will be accurate, complete, and truthful, to the best of the undersigned's knowledge and belief. Client(s) agree(s) that all assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset must be stated after reasonable inquiry to establish such value. Current monthly income and disposable income are required to be stated after reasonable inquiry. Information that Client(s) provide(s) may be audited and failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.

This instrument represents the complete agreement between the parties and neither party is bound by any oral or written representation unless contained in writing and signed by both parties.

date

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#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Yaroslav Ohal CASE NO

CHAPTER 7

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her

| knowledge.    |  |
|---------------|--|
|               |  |
|               |  |
|               |  |
| Date 1/9/2017 | Signature // // // // // // // // // // // // // |
|               | Yaroslav Ohal                                    |
|               |  |
|               |  |

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| Debtor 1 | Yaroslav Ohai | Case number (if known)   |
|----------|---------------|--|
| Part 7:  | Sign Below    |  |
| For you  |               | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.   |
|          |               | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.               |
|          |               | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |
|          |               | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |
|          |               | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          |               | X Yaroslav Obell, Debtor 1 X Signature of Debtor 2   |
|          |               | Executed on MM / DD / YYYY Executed on MM / DD / YYYY  |

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| Fill in this inf                | ormation to i      | dentify your case   |                                 |   |
|---------------------------------|--------------------|---|---------------------------------|---|
|                                 |                    | donary your case  | •                               |   |
| Debtor 1                        | Yaroslav           |   | Ohal                            |   |
|                                 | First Name         | Middle Name   | Last Name                       |   |
| Debtor 2<br>(Spouse, if filing) | First Name         | NAME OF THE OWNER OWNER OF THE OWNER |                                 |   |
|                                 |                    | Middle Name   | Last Name                       |   |
| United States Bar               | nkruptcy Court fo  | r the: NORTHERN D   | ISTRICT OF ILLINOIS             |   |
| Case number (if known)          |                    |   |                                 |   |
| (II KIIOWII)                    |                    |   |                                 | ☐ Check if this is an amended filing  |
| Official Form                   | 106Dec             |   |                                 |   |
|                                 |                    | ndividual Debt  | or's Schedules                  |   |
|                                 | , about un n       | naividuai Dept  | or a achequies                  | 12/1  |
| if two married peo              | ple are filing tog | jether, both are equal  | ly responsible for supplying    | correct information   |
|                                 | sonment for up     | to 20 years, or both.   | 18 U.S.C. §§ 152, 1341, 1519,   | nes. Making a faise statement,<br>lankruptcy case can result in fines up to<br>and 3571.      |
|                                 | n Below            | ·   |                                 |   |
|                                 |                    | omeone who is NOT a   | an attorney to help you fill ou | t bankruptcy forms?   |
|                                 |                    | omeone who is NOT a   | an attorney to help you fill ou | t bankruptcy forms?   |
| Did you pay o                   |                    | omeone who is NOT a   | an attorney to help you fill ou | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Debtor 1               | Yarosiav Ohal                                     |   | Case nu                 | mber             | (if I    | knov         | wn)             |       |   |              |      |     |          |
|------------------------|---|---|-------------------------|------------------|----------|--------------|-----------------|-------|---|--------------|------|-----|----------|
| Part 11:               | Give Details Abo                                  | out Your Business or Connections to An  |                         |                  |          |              | , _             |       |   |              |      |     |          |
| 27. Within             |   | d for bankruptcy, dld you own a business or have  |                         |                  |          | vinc         | I CON           | ner   | tion                                    | e to :       |      |     |          |
|                        |   |   |                         |                  |          |              |                 | .,    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3 10 6       | y    |     |          |
|                        | A partner in a partners An officer, director, or  | managing executive of a corporation   | either full-<br>o (LLP) | time (           | or p     | art-I        | iime            |       |   |              |      |     |          |
| $\square$              | An owner of at least 5%                           | % of the voting or equity securities of a corporation   |                         |                  |          |              |                 |       |   |              |      |     |          |
|                        | None of the above app<br>. Check all that apply a | olies. Go to Part 12.<br>bove and fill in the details below for each business.                    |                         |                  |          |              |                 |       |   |              |      |     |          |
| AISU Truck             |   | Describe the nature of the business truck driving   | Emp<br>Do r             | oloyer<br>not in | r Ide    | enti<br>de S | ficati<br>Socia | on i  | num!<br>ecuri                           | ber<br>ty nu | ımbe | ror | ITIN.    |
| Number Stre            |   | Name of accountant or bookkeeper  | EIN:                    |                  | <u>7</u> |              | 4               | 0     | 7                                       | _3_          | 4    | 0   | 4_       |
|                        |   |   | Date                    | s bus            | sine     | 9 <b>5</b> S | exist           | ed    |   |              |      |     |          |
|                        |   |   | Fron                    | n                | 20       | 011          |                 | 7     | Го                                      | 20           | 16   |     |          |
| Dity                   | State ZIP Cod                                     | le  |                         |                  |          |              |                 |       |   |              |      |     |          |
| ✓ No  ☐ Yes.  Part 12: | Fill in the details below                         | v.  |                         |                  |          |              |                 |       |   |              |      |     |          |
| ılar aliəmelə          | are true and correct.                             | tement of Financial Affairs and any attachments, I understand that making a false statement, conc | ealing ne               | COOR             | tı,      | ar al        | htain           | ina   | -                                       |              | _    | ——  | <u> </u> |
| or both. 18 U          | L8:C. \$8 152, 1341, 151                          | th a bankruptcy case can result in fines up to \$25   | 0,000, or               | impr             | iso      | nme          | ent fo          | r uj  | p to 2                                  | 20 ye        | ars, |     |          |
| رمع                    |   | X   |                         |                  |          |              |                 |       |   |              |      |     |          |
| Yaroslay               | onal, Debtor 1                                    | Signature of Debtor 2   |                         |                  | —        |              |                 |       |   |              |      |     |          |
| Date <u>// 0</u>       | 1/05/2017   | Date  |                         |                  |          |              |                 |       |   |              |      |     |          |
| oid you attac          | h additional pages to \                           | Your Statement of Financial Affairs for Individuals   | s Filina fo             | or Bar           | nkr      | unfr         | ev (Oi          | ffici | ial Fo                                  | sem 1        | 0712 |     |          |
| ☑ No<br>☐ Yes          |   |   |                         |                  |          |              | , (             |       |   |              | .,.  |     |          |
| oid you pay o          | or agree to pay someo                             | ne who is not an attorney to help you fill out bank   | cruptey fo              | orms?            | ?        |              |                 |       |   |              |      |     |          |
| <b>√</b> No            |   |   |                         |                  |          |              |                 |       |   |              |      |     |          |
| Yes. Nam               | ne of person                                      |   |                         | ch the           |          |              |                 |       |   |              |      |     |          |

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|                                 |                        |                    | v                     |  |
|---------------------------------|------------------------|--------------------|-----------------------|--|
| Fill in this int                | formation to i         | identify your case |                       |  |
| Debtor 1                        | Yaroslav<br>First Name | Middle Name        | <b>Ohal</b> Last Name |  |
| Debtor 2<br>(Spouse, if filing) | First Name             | Middle Name        | Last Name             |  |
| United States Ba                | nkruptcy Court fo      | rthe: NORTHERN D   | ISTRICT OF ILLINOIS   |  |
| Case number                     |                        |                    |                       |  |

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: **List Your Creditors Who Hold Secured Claims**

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

None.

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

| ŀ | art 3:         | Sign Below   |   |
|---|----------------|--|---|
| x | Yarosla Date ( | penalty of periory, declare that all property that is subject to an experior of the perior of the period of the pe | I have indicated my intention about any property of my estate that secures a debt and unexpired lease.  X Signature of Debtor 2  Date  MM / DD / YYYY |

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/05/2017

Date

lgor Gromov

Gromov Law Offices

1020 N. Milwaukee Ave., Ste. 101

Deerfield, IL 60015

Phone: (847) 845-1779 / Fax: (888) 415-7687

Bar No. 6282530

Yaroslav Ohal

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#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Yaroslav Ohal

CASE NO

CHAPTER 7

#### **VERIFICATION OF CREDITOR MATRIX**

| The above named Debtor hereby verifies that | at the attached list of creditors is true and correct to the best of his/her |
|---|--|
| knowledge.                                  |  |
| Date  | Signature  |
|   | Tarosiav Onai  |
| Date  | Signature  |

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| Debtor 1   |  | <u>)</u>  | Yaroslav Ohal   |                                     | Case number (if known)                  |  |
|--|--|---|---|-------------------------------------|---|--|
| Р  | art 2  |   | Determine Whether the Means   | Test Applies to You                 | Case number (ii known)                  |  |
| 12. Calculate your current monthly income for the year. Follow these steps:  |  |   |   |                                     |   |  |
|  |  |   | py your total current monthly income from line 11ltiply by 12 (the number of months in a year).   |                                     | Copy line 11 here -> 12a \$0.00         |  |
|  |  |   |   |                                     | X 12                                    |  |
|  | 12b.   | The result is your annual income for this part of the form. |   | 12b. <b>\$0.00</b>                  |   |  |
| 13. Calculate the median family income that applies to you. Follow these steps:  |  |   |   |                                     | <del></del>                             |  |
|  | Fill in  | the :   | state in which you live.  | Illinois                            |   |  |
|  | Fill in the number of people in your household.                                    |   |   |                                     |   |  |
|  | Fill in the median family income for your state and size of household              |   |   |                                     |   |  |
|  | To fin   | d a li  | ist of applicable median income amounts<br>s for this form. This list may also be ava   | . 00 online using the link specific | ed in the congrete                      |  |
|  | 14. How do the lines compare?  |   |   |                                     |   |  |
|  | 14a.   | Ø   | Line 12b is less than or equal to line 13 Go to Part 3.   | . On the top of page 1, check bo    | ox 1, There is no presumption of abuse. |  |
|  | 14b.   |   | Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. |                                     |   |  |
| Pa   | rt 3:  |   | Sign Below  |                                     |   |  |
| By signing here, declare under penalty of perjory that the information on this statement and in any attachments is true and correct. |  |   |   |                                     |   |  |
|  | that the information of this statement and in any attachments is true and correct. |   |   |                                     |   |  |
|  | X Yaroslav Ohal, Debtor 1 Signatu  |   |   | ure of Debtor 2                     |   |  |
|  | E  | Date_   | 1/5/2017  | Date                                |   |  |
|  |  |   | MM / DD / YYYY  |                                     | MM / DD / YYYY                          |  |
| If you checked line 14a, do NOT fill out or file Form 122A-2.  |  |   |   |                                     |   |  |

If you checked line 14b, fill out Form 122A-2 and file it with this form.